Supporting children and young people with healthcare needs in schools

Guidance for NHS boards, education authorities and schools

December 2017

Scottish Government
Riaghaltas na h-Alba
gov.scot

CONTENTS

INTRODUCTION

Any child or young person at school in Scotland may require healthcare support or the administration of medication. Healthcare support or medication may be required for the management of short or long term conditions or in response to an emergency situation, such as an allergic reaction.

What is this guidance about?

This guidance has been developed in partnership with a range of key stakeholders to guide those working in and with NHS boards, education authorities and schools to support children and young people affected by health issues which require healthcare support in school[1]. This guidance contains the Scottish advice about the Human Medicines (Amendment) (No. 2) Regulations 2014[2], which enable schools to buy and hold salbutamol inhalers for use in emergencies with children and young people who have asthma.

It should be noted that many elements of the legislative and policy framework referred to within this guidance will also apply to early learning and childcare (ELC) settings (nurseries), grant aided schools and independent schools. Those school settings will be inspected by Education Scotland (with ELC and residential schools also regulated by the Care Inspectorate) and they may use this guidance to help inform the arrangements they are required to make to ensure that the healthcare needs of all children and young people are met, taking into account the legislative and policy framework relevant to them. This will include, for example, the requirement to make reasonable adjustments for children and young people with disabilities under the Equality Act 2010.

In addition, this guidance will also contain reference to the Department of Health's guidance on the use of adrenaline auto-injectors (AAIs) in schools[3], which was published in September 2017. The Department of Health's guidance on AAI's has been published following the Human Medicines (Amendment) Regulations 2017 which came into effect on 1 October 2017. These regulations allow schools to obtain AAI devices, if they wish, for use in emergencies without the need for a prescription.

How should this guidance be used?

The guidance has been developed to inform local policy development between NHS boards, education authorities, schools and other partners in supporting children and young people with healthcare needs in schools[4]. It is intended to act as a guide to the strategic and operational matters which should be

---

[1] Under the Public Bodies (Joint Working) (Scotland) Act 2014, a number of the Health and Social Care Partnerships across Scotland have integrated children's health and/or social care services.
[2] Human Medicines (Amendment) (No. 2) Regulations 2014
[3] Using emergency adrenaline auto-injectors in schools - GOV.UK
[4] In areas where the responsibility for health services for children and young people has been delegated to a Health and Social Care Partnership, under section 25(3) of the Public Bodies Joint Working (Scotland) Act 2014, this guidance applies to the Partnership and should be taken into account when preparing a strategic plan and commissioning the services to which this guidance relates.

considered as part of policy development. The guidance is likely to be of interest to children, young people and parents/carers whose views should also be considered during the decision-making process.

It is not intended to consider each condition or circumstance which causes a healthcare need in school. Annex A provides information on asthma, whilst Annex B provides some information on specific conditions, but does not include all.

The guidance is structured to enable readers to be able to focus on the particular issue they require information on, in addition to being able to be read as an entire document. Care should be taken to ensure that practitioner responsibilities are fully understood if the document is being used for reference. References are provided as footnotes throughout the document.

What is the status of the guidance?

This guidance has been issued by the Scottish Government and replaces the guidance on the Administration of Medicines in Schools[5]. While this guidance makes general references to legislation, it is not an authoritative statement of the law. Interpretation of the law is a matter for legal advisers and ultimately the courts. Readers may wish to take legal advice regarding any particular set of circumstances.

Principles

There are a number of common principles that should be consistently applied when identifying, supporting and reviewing the healthcare needs of children and young people in schools to enable them to make the most of their learning. These are:

- The rights, wellbeing, needs and circumstances of the individual child or young person should, at all times, be at the centre of the decision-making process. Under Article 24 of the United Nations Convention on the Rights of the Child (UNCRC)[6] all children have a right to the highest attainable standard of health and to health care services that help them attain this. The arrangements for each individual depend on each individual's particular circumstances, taking into account health professionals' advice, their own views and, where appropriate, their parent's views. Article 7 of the United Nations Convention on the Rights of Persons with Disabilities states that children with disabilities have the right to express their views freely on all matters affecting them.
- NHS boards, education authorities and school staff should work collaboratively to ensure that the principles of NHS clinical governance[7][8][9][10][11] are followed so that individuals receive the service they need in the way most

[5] Guidance on the Administration of Medicines in Schools, Scottish Executive, 2001
[6] OHCHR | Convention on the Rights of the Child
[7] National Health Service Reform (Scotland) Act 2004
[8] Clinical and Care Governance Framework, Public Bodies (Joint Working) (Scotland) Act 2014, Scottish Government, 2015
[9] NHS HDL 74 Clinical Governance Arrangements, Scottish Executive, 2001
[10] NHS MEL 29 Clinical Governance, Scottish Executive, 2000
[11] NHS MEL 75 Clinical Governance, Scottish Executive, 1998

appropriate to their personal circumstances and all policy and service developments are shown not to disadvantage any of the people they serve.

- All children and young people have a right to an education on the basis of equal opportunity and are entitled to support in their learning. Education authorities should ensure that arrangements for supporting healthcare in schools are subject to review and improvement within the How Good is Our School framework[12] to enable success in:
  - the fulfilment of statutory duties
  - increasing learner confidence, responsibility and resilience
  - promoting positive relationships, respect and fairness.
- Staff in NHS boards, education authorities and schools should work together with the children and young people concerned, their parents or carers and families to ensure healthcare needs are met within all schools.
- Wherever possible, there should be forward planning and resourcing agreed between all partners to meet the healthcare needs of children and young people, particularly in relation to the reasonable adjustments that children and young people with healthcare needs might need and require[13].
- Schools should make arrangements for staff providing healthcare to children and young people to receive appropriate training from a health professional, or other accredited source in the care they are providing, and should not be expected to provide such care unless training and support is provided and is subject to appropriate clinical governance.
- Assistance with intimate care may be needed at any time, by children in all sectors and at all levels. Schools should have arrangements in place to deal with these needs quickly and with respect for children's privacy, dignity and rights.

[12] How good is our school?, 4th edition, Education Scotland, 2015

[13] Education authorities, schools and NHS Boards have a duty under the Equality Act 2010 to provide reasonable adjustments for children and young people with disabilities. Under it, the responsible body of a school is the education authority for public schools, the managers of a grant-aided school and the proprietors of an independent school.

CHAPTER 1 – THE LEGISLATIVE AND POLICY CONTEXT

Background

1. In recent years there have been a number of legislative and policy developments which provide the context for supporting children and young people with healthcare needs at school. Although this guidance is focussed on the delivery of healthcare and medication provision in schools, the legislation and policy operates at strategic and operational levels across both health and education services. Delivery of these services to children and young people requires NHS boards and education authorities to plan and work in partnership.

2. It is recognised that this is a complex landscape and therefore this section of the guidance sets out the legal and policy frameworks which directly relate to the provision of healthcare and medication in schools. **Annex C** sets out some further detail of some of the provisions listed and other relevant legislation, however, it is expected that those working in NHS boards and education authorities will be familiar with their statutory responsibilities. It should be noted that the links to legislation in this document may not always be to the most up-to-date version of the legislation, due to changes in legislation, although correct at the time of publication. The legislation is presented in chronological order to provide some context of how the policy and legislation landscape has developed.

Legislative context

National Health Service (Scotland) Act 1978

3. Under the National Health Service (Scotland) Act 1978[14], NHS boards are responsible for securing the medical inspection, medical supervision and treatment of pupils in schools and education authorities will help them to discharge these responsibilities.

Education (Scotland) Act 1980

4. The Education (Scotland) Act 1980[15], as amended, provides the legislative basis for education in Scotland and includes:

- a duty on education authorities to secure an adequate and efficient provision of school education to children in their area[16];
- a duty on parents to ensure that children receive an education[17];
- a requirement for school premises to be equipped and maintained as to conduce good health and safety[18];
- provisions on attendance[19];

[14] Section 39 of the National Health Service (Scotland) Act 1978
[15] Education (Scotland) Act 1980
[16] Section 1 of the Education (Scotland) Act 1980
[17] Section 30 of the Education (Scotland) Act 1980
[18] Section 19 of the Education (Scotland) Act 1980
[19] Section 32-44 of the Education (Scotland) Act 1980

• provisions on the medical and dental examination of children and young people at school[20].

Age of Legal Capacity (Scotland) Act 1991

5. The Age of Legal Capacity (Scotland) Act 1991[21] provides that a person under the age of 16 has the legal capacity to consent on their own behalf to any surgical, medical or dental procedure where, in the opinion of a qualified medical practitioner attending them, they are capable of understanding the nature and possible consequence of the procedure or treatment.

Children (Scotland) Act 1995

6. Part I of the Children (Scotland) Act 1995[22] provides for parental responsibilities and rights. The rights are there so that a parent can fulfil his or her responsibilities and safeguard and promote the child's health, development and welfare.

Data Protection Act 1998

7. The Data Protection Act 1998[23] governs the protection of personal data in the UK[24]. It protects the rights of individuals, whom the data is about (data subjects), and places duties on those who decide how and why such data is processed (data controllers). This Act applies to both educational and health records and also sets out what information is classed as 'personal data'[25] and 'sensitive personal data'[26]. The Act also gives children and young people rights in respect to the personal information held about them, and gives them and their parents/carers, the right to make a subject access request (SAR).

Adults with Incapacity (Scotland) Act 2000

8. The Adults with Incapacity (Scotland) Act 2000[27] provides ways to help safeguard the welfare (including medical treatment) and finances of people who lack capacity. It protects adults (people aged 16 or over) who lack capacity to take some or all decisions for themselves because of a mental disorder or an inability to communicate. It allows a welfare and/or financial guardian appointed by the court - such as a parent or other relative - to make decisions on the adult's behalf.

Standards in Scotland's Schools etc. Act 2000

9. A child's right to education is legislated for under the Standards in Scotland's

[20] Section 57 of the Education (Scotland) Act 1980
[21] Section 2 of the Age of the Legal Capacity (Scotland) Act 1991
[22] Part 1 of the Children (Scotland) Act 1995
[23] Data Protection Act 1998
[24] The EU-wide General Data Protection Regulation (GDPR) will come into force in May 2018. The UK Parliament is currently considering the Data Protection Bill, which – once enacted – should be read alongside the provisions of the GDPR. For more information, visit the Information Commissioner's Office's pages on data protection reform.
[25] Section 1(2) of the Data Protection Act 1998
[26] Section 2 of the Data Protections Act 1998
[27] Adults with Incapacity (Scotland) Act 2000

Schools etc. Act 2000[28]. The Act also places a requirement on education authorities to secure the provision of education that is directed to the development of the personality, talents and mental and physical abilities of the child or young person to their fullest potential[29].

Education (Disability Strategies and Pupil Educational Records) (Scotland) Act 2002

10. Under the Education (Disability Strategies and Pupil Educational Records) (Scotland) Act 2002[30] responsible bodies have duties to develop accessibility strategies to increase access to the curriculum, the physical environment for pupils with a disability, and to improve communication for such pupils.
Mental Health (Care and Treatment) (Scotland) Act 2003

11. The **Mental Health (Care and Treatment) (Scotland) Act 2003** applies to people who have a mental illness, learning disability or related condition. The Act calls this mental disorder. Most of the time, when people become unwell, they understand that they need treatment, but sometimes, people are unwilling or unable to agree to treatment. This Act sets out when and how people can be treated if they have a mental disorder; when people can be treated or taken into hospital against their will; and what people's rights are, and the safeguards which ensure that these rights are protected. Guidance is available from http://www.mwcscot.org.uk/the-law/mental-health-act/. It should be noted that changes have been made to the legislation through Part 1 of the Mental Health (Scotland) Act 2015, of which the provisions came into force on 30 June 2017. See paragraph 24 below for more information on this Act.

Pupils' Educational Records (Scotland) Regulations 2003

12. The Pupils' Educational Records (Scotland) Regulations 2003 sets out the type of information that should be contained in a child or young person's educational record. It also makes provision for a parent to request access to their child's educational records and the circumstances when information in an educational record should and shouldn't be disclosed. This is intended to protect a child or young person's right to confidentiality[31].

Education (Additional Support for Learning) (Scotland) Act 2004

13. Under the Education (Additional Support for Learning) (Scotland) Act 2004[32], (as amended) (the 2004 Act) education authorities have a statutory responsibility to identify, make provision for and review, the additional support needs of children and young people for whose education they are responsible. An additional support need may arise for any reason and be of short or long-term duration, and would cause, without the provision of support, a barrier to learning. Additional support needs may

[28] Section 1 of the Standards in Scotland's Schools etc. Act 2000
[29] Section 2 of the Standards in Scotland's Schools etc. Act 2000
[30] Section 1 of the Education (Disability Strategies and Pupil Educational Records (Scotland) Act 2002
[31] Regulation 6 of the Pupils' Educational Records (Scotland) Regulations 2003
[32] Education (Additional Support for Learning) (Scotland) Act 2004, the Education (Additional Support for Learning) (Scotland) Act 2009 and the Education (Scotland) Act 2016. The provision in the 2016 Act are effective from 10 January 2018.

arise from a disability or a health need. Therefore, the requirement to have medication administered or healthcare needs met at school may be considered to be an additional support need or give rise to further additional support needs. Where an additional support need arises as a result of one or more complex factors, and is likely to continue for more than one year, the child or young person will have a co-ordinated support plan. Appropriate agencies, including NHS boards, have a duty to help the education authority discharge their duties under the 2004 Act. Statutory Guidance on the 2004 Act is contained in the Supporting Children's Learning Code of Practice, 3rd edition, 2017.[33]

Scottish Schools (Parental Involvement) Act 2006

14. The Scottish Schools (Parental Involvement) Act 2006[34] modernises and strengthens the framework for supporting parental involvement in school education. It aims to help schools, education authorities and others to engage parents meaningfully in the education of their children and in the wider school community. It requires Scottish Ministers and education authorities to promote the involvement of parents in children's education at local authority schools.

The Equality Act 2010

15. All schools, education authorities and NHS Boards in Scotland have obligations under the Equality Act 2010[35]. Education authorities, grant-aided and independent schools have duties under the schools provisions (Part 6, chapter 1) of the Act. The Technical Guidance for schools in Scotland[36] explains who has responsibilities for schools (responsible bodies) and explains the requirements of the schools provisions of the Act. NHS Boards and education authorities also have obligations under other parts of the Act as service providers and in exercising their public functions. Further guidance and Codes of Practice are available from the Equality and Human Rights Commission website[37].

16. Schools have specific responsibilities to prevent discrimination in relation to: admissions, provision of education, access to any benefit, facility or service, exclusions, or any other detriment. Discrimination which is unlawful under the schools provisions includes the following (these concepts are explained in the Technical Guidance):

- direct discrimination;
- indirect discrimination;
- discrimination arising from disability;
- failure to make reasonable adjustments for children and young people with healthcare needs - explained in more detail in paragraph 17 below.

17. The duty to make reasonable adjustments is key to the healthcare needs of children and young people with disabilities[38]. Schools and education authorities will also have to ensure that all policies and practices which cover arrangements for

[33] Supporting Children's Learning Code of Practice, Scottish Government, 2010
[34] Scottish Schools (Parental Involvement) Act 2006
[35] The Equality Act 2010
[36] Technical Guidance for Schools in Scotland, Equality and Human Rights Commission, 2014
[37] Home Page | Equality and Human Rights Commission

meeting healthcare needs in schools, do not discriminate in any other way against children and young people with disabilities. Further details of these responsibilities are set out within **Annex C** of this document.

The Public Bodies (Joint Working) (Scotland) Act 2014

18. Under the Public Bodies (Joint Working) (Scotland) Act 2014[39] local authorities and NHS boards are required to integrate the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services under the responsibility of Integration Authorities or Health and Social Care Partnerships. The Act also allows NHS boards and local authorities to delegate other areas of activity, including children's health and social care services.

19. Health and Social Care Partnerships are responsible for strategic planning and commissioning of services, and issuing directions to health boards and local authorities in pursuit of realising strategic plans. Health and Social Care Partnerships typically have oversight of operational matters for all services that are delegated and their Chief Officer normally has full operational responsibility for all such services. This Guidance will apply to the Health and Social Care Partnerships that cover children's health and social care services.

Children and Young People (Scotland) Act 2014

20. The Children and Young People (Scotland) Act 2014[40] supports the Scottish Government's ambition for Scotland to be the best place to grow up. It seeks to improve the way services work together to support children, young people and families and ensure that children's rights are respected across the public sector. For example, part 1[41] (sections 2 and 3) of the 2014 Act places duties on public authorities, as defined at schedule 1[42] of the Act, to report every 3 years on the steps they have taken in that period to secure better or further effect the United Nations Convention on the Rights of the Child[43].

21. Further, part 3 of the 2014 Act[44] places a duty on each local authority and the relevant NHS board to jointly prepare a children's services plan for the area of the local authority, covering a 3 year period. These plans should be prepared with involvement of the service providers capable of having a significant effect on the wellbeing of children. Plans should cover services for children generally and for children with specific needs (children who require medical treatment in schools could be considered as children with specific needs) and related services (services that aren't children's services but are capable of having a significant effect on the wellbeing of children).

---

[38] Guidance on reasonable adjustments for disabled pupils Scotland, Equality and Human Rights Commission, 2014
[39] The Public Bodies (Joint Working) (Scotland) Act 2014
[40] Children and Young People (Scotland) Act 2014
[41] Part 1 of the Children and Young People (Scotland) Act 2014
[42] Schedule 1 of the Children and Young People (Scotland) Act 2014
[43] These duties came into force in April 2017, with the first reports due in 2020.
[44] Part 3 of the Children and Young People (Scotland) Act 2014

22. To achieve consistency in the implementation of the national policy Getting it Right for Every Child, Parts 4 and 5 of the Act put elements of the Getting it Right for Every Child approach into legislation (Named Person and Child's Plan). Implementation has been paused so the necessary changes to the information sharing provisions can be made, working in partnership with stakeholders.
Human Medicines (Amendment) (No. 2) Regulations 2014.

Human Medicines (Amendment) (No. 2) Regulations 2014

23. The Human Medicines (Amendment) (No. 2) Regulations 2014[45] amended the Human Medicines Regulations 2012[46] and give schools a power to buy and hold salbutamol inhalers for use in emergencies with children and young people who are diagnosed with asthma. More detailed information on the use of emergency salbutamol inhalers is provided at Annex A.

Mental Health (Scotland) Act 2015

24. The Mental Health (Scotland) Act 2015[47] makes changes to the original Mental Health (Care and Treatment) (Scotland) Act 2003[48]. This Act allows service users with a mental illness, learning disability, or related condition to access effective treatment quickly and easily. It also contains measures around named persons, advance statements and advocacy to enhance service users' rights and to promote service users' involvement in their treatment. It introduces a Victim Notification Scheme for victims of mentally disordered offenders. It also makes some changes to the Criminal Procedure (Scotland) Act 1995 in relation to mental health disposals in criminal cases. The majority of Parts 1 and 2 of the Act, along with associated regulations, are in force from 30 June 2017.

Policy context

United Nations Convention on the Rights of the Child (UNCRC)

25. A child's right to healthcare services that help them achieve the highest attainable standard of health and to an education which aims to develop their personalities, talents and abilities to the fullest potential is underpinned by articles 24 and 29 of the UNCRC[49]. Under Article 23, a disabled child has the right to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. In addition, under Article 12, a child has the right to express their own views in all matters affecting them. The child has the right to either be heard directly, or through a representative body consistent with the procedural rules of national law.

[45] Human Medicines (Amendment) (No. 2) Regulations 2014
[46] Human Medicines Regulations 2012
[47] Mental Health (Scotland) Act 2015
[48] Mental Health (Care and Treatment) (Scotland) Act 2003
[49] Convention of the Rights of the Child, United Nations, 1989

Getting it Right for Every Child

26. Getting It Right for Every Child is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering, if needed, the right help at the right time from the right people.

27. Getting It Right for Every Child requires services to work together and in partnership with children, young people and their parent(s) to support children and young people's wellbeing. It ensures that children and young people are at the centre of any planning to meet their wellbeing needs.

28. The Getting It Right for Every Child National Practice Model provides a framework for everyone (children, parents and services) to consider and assess children's and young people's wellbeing needs in a holistic, consistent, strengths based way, so there is a shared understanding of a child's or young person's strengths and wellbeing needs. It promotes the participation of children, young people and their families in making decisions about any planned supports. It provides a common language within a single framework, enabling more effective inter and intra-agency working. Where there is a child's plan in place, other types of plans or programmes, such as an individual healthcare plan or an individualised learning programme can be contained within or attached as part of the overall, single child's plan.

29. Wellbeing sits at the heart of the Getting It Right for Every Child approach and reflects the need to tailor the support that children, young people and their parents are offered to support their wellbeing. The eight wellbeing indicators are: safe; healthy; achieving; nurtured; active; respected; responsible and included.

30. Under the Getting It Right for Every Child approach, having a clear point of contact or "named person" ensures that there is someone who has responsibility for helping children and young people get the support they need, if and when they want it. It is also a clear point of contact for parents should they wish to seek advice or if they wish to discuss a concern about the wellbeing of their child. Named persons are also a point of contact for other services if they have concerns about a child's or young person's wellbeing. This helps to ensure services can provide more effective support for children, young people and their parents by being better coordinated. Following the Supreme Court judgement, the Scottish Government has introduced the Children and Young People (Information Sharing) (Scotland) Bill.[50]

31. The named person is usually provided from services such as health visiting and education. Generally, the responsibility for providing a named person service lies with the NHS board before the child starts primary school and the local authority when the child starts school.

[50] Children and Young People (Information Sharing) (Scotland) Bill - Parliamentary Business : Scottish Parliament

Curriculum for Excellence

32. Curriculum for Excellence[51] underpins all schools' ethos and forms the basis for a whole-school approach to improving the health and wellbeing of all children, young people, staff and the wider community. The curriculum includes a range of entitlements for all children and young people, including an entitlement to support for every child and young person to enable them to gain as much as possible from the opportunities which Curriculum for Excellence can provide, whatever their circumstances.

33. Health and Wellbeing is one of the eight curricular areas in Curriculum for Excellence. Its substantial importance is reflected in its position at the centre of the curriculum and at the heart of children's learning. Along with literacy and numeracy it is one of the three core areas that are the responsibility of all staff in the school. Learning in Health and Wellbeing is designed to ensure that children and young people develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical wellbeing now and in the future. Good health and wellbeing is central to healthy human development, and schools, colleges and other learning establishments have much to contribute to its development.

How good is our school

34. How good is our school[52] provides a suite of quality indicators that supports self-evaluation and improvement. The quality indicators are designed to reflect the context within which schools now operate and include specific reference to how well schools ensure children and young people are safe, well cared for and the quality of targeted support for those with healthcare needs.

National Improvement Framework for Scottish Education

35. The National Improvement Framework[53] sets out the Scottish Government's vision and priorities for children's progress in learning and is a key part of the work to continually improve Scottish education and close the attainment gap.

Guidance on the education of children and young people unable to attend school due to ill-health.

36. The Guidance on the education of children and young people unable to attend school due to ill-health[54] provides guidance to education authorities and their partners on their responsibilities to meet their duty to provide education elsewhere than at a school for pupils who are unable to attend school due to ill health.

[51] Broad general education
[52] How good is our school, Fourth Edition, Education Scotland, 2015
[53] The National Improvement Framework for Scottish Education, Scottish Government, 2016
[54] Guidance on the education of children and young people unable to attend school due to ill-health, Scottish Government, 2015

Developing the Young Workforce.

37. Developing the Young Workforce[55] aims to better prepare children and young people from 3 - 18 for the world of work.

Pre-Birth to Three Positive Outcomes for Scotland's Children and Families

38. For children under the age of three, national guidance was published in 2010: Pre-Birth to Three Positive Outcomes for Scotland's Children and Families[56]. This sets the context for high quality care and education and seeks to identify key features that support and promote evidence-based approaches.

Building the Ambition: National Practice Guidance on Early Learning and Childcare

39. Building the Ambition[57] was published in 2014 and builds upon Pre-Birth to Three and Curriculum for Excellence early level from 3 years to 6 years. It provides practical guidance on the experiences and interactions necessary to deliver the learning journey at the most important developmental stages for babies, toddlers and young children.

Health for all children 4 (Hall 4)

40. *Health for all children 4: Guidance on Implementation in* Scotland[58] (Hall 4) sets out the core programme of screening, surveillance and health promotion contacts which every child in Scotland should receive. The Hall 4 guidance introduced a tiered programme of support and intervention for those children who are vulnerable or are considered to be at risk, empowering health visitors and school nurses to assess the level of support and intervention required according to assessed need. The guidance expects health practitioners to work closely with other agencies and services. Hall 4 guidance was supplemented with further refreshed advice[59] in 2010 and with additional guidance in 2011 focussed on the early years[60]. Further guidance on an additional health review at 27-30 months was published in 2012[61] and in October 2015, a Universal Health Visiting Pathway in Scotland – Pre Birth to Pre School set out a refocused role for Health Visitors. This included a revised universal home visiting pattern and the introduction of new health reviews at 13-15 months and at 4-5 years[62]. This approach will help us better respond to needs of children and families, support development of parenting capacity and improve access to other services and support. To support this an unprecedented commitment to increase the

[55] Developing the Young Workforce (DYW)
[56] Pre-Birth to Three, Positive Outcomes for Scotland's Children and Families, National Guidance, Learning Teaching Scotland, 2010
[57] Building the Ambition, National Practice Guidance on Early Learning and Childcare, Children and Young People (Scotland) Act 2014, Scottish Government, 2014
[58] Health for all children 4: Guidance on Implementation in Scotland, Scottish Executive, 2005
[59] Refresh of HALL 4, Reinforcing the key messages, CEL 15, Scottish Government, 2010
[60] A new look at HALL 4, The Early Years Good Health for Every Child, Scottish Government, 2011
[61] The Scottish Child Health Programme, Guidance on the 27-30 month review, Scottish Government, 2012
[62] Universal Health Visiting Pathway in Scotland – Pre Birth to Pre School, Scottish Government, 2015

number of Health Visitors by 50% was made which will result in the creation of an additional 500 Health Visitor posts by the end of 2018.

The role of the Child Health Commissioner

41. There is a Child Health Commissioner appointed in every Health Board in Scotland. Although there is some variance in the role across Scotland, the broad role of the Child Health Commissioner was set out in a letter to NHS Chief Executives in 2011[63].

Ready to Act - Children and Young People Plan

42. Ready to Act is the first children and young people's services plan in Scotland to focus on the support provided by Allied Health Professionals (AHPs). The plan highlights the critical place of prevention and enablement and promotes least intrusive interventions through a tiered model of service design and delivery (universal, targeted and specialist levels of provision) directly linked to well-being outcomes. The plan sets out five key ambitions for AHP services for children and young people based on the outcomes they, their parents, carers, families and stakeholders told us mattered to their lives. The key ambitions are: participation and engagement; early intervention and prevention; partnership and integration; access; and leadership for quality improvement[64].

[63] Role of the Child Health Commissioner, CEL 19, Scottish Government, 2011
[64] Ready to Act - A transformational plan for Children and young people, their parents, carers and families who require support from allied health professionals (AHPs)

CHAPTER 2 - SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS IN SCHOOLS: THE RIGHTS OF CHILDREN AND YOUNG PEOPLE AND RESPONSIBILITIES OF SERVICE PROVIDERS

Introduction to rights and responsibilities

43. Supporting the medical needs of children and young people at school is the statutory responsibility of NHS boards and the day to day management and support of these needs may be met by staff in schools in line with the provisions set out in the Equality Act 2010 in respect of pupils with disabilities. While the arrangements for such support should always seek to include the views of the children and young people affected, it may also include a range of individuals and agencies including: parents/carers and other family members, teachers and staff, public health workers, GPs, registered nurses, health visitors for pre-school children, outreach teachers, education or health support staff, college staff, partner employers, psychological services, allied health professionals, voluntary organisations, local authority youth work provision and others. Whilst not providing direct support, pharmacists play a key role in dealing with queries about medication. This list is not exhaustive but close cooperation is crucial in providing a suitable and supportive environment for children and young people to participate fully in their learning and in the life of the school.

44. Children and young people should be supported in developing their ability to meet their own needs and become as independent as they are able to. In doing this, it is important that the responsibility and accountability of all those involved is clearly defined and that each person involved is aware of what is expected of them and where to seek further support and advice.

45. The following paragraphs outline the framework of responsibility and accountability that local services may wish to consider when putting in place arrangements. While some of these responsibilities are set out in the legislative and policy framework, others will need to be agreed and implemented at a local level. When working in partnership, services will need to take their wider responsibilities into account. Arrangements should be in place to monitor and review the effectiveness of the partnership working and ensure that services work effectively and improve outcomes for children and young people.

Children and young people's rights

46. UN Convention on the Rights of the Child, it defines the rights of all children and young people up to the age of 18. Under the Convention they have a right to the highest attainable standard of health and to healthcare services that help them to attain them. Every child also has the right to an education on the basis of equal opportunity which must aim to develop personality, talents and abilities to their fullest potential. Under the Children and Young People (Scotland) Act 2014, public authorities have a duty to report on what they have done to progress children's rights. Within domestic legislation, children and young people have a number of rights in relation to their own education and healthcare.[65]

[65] Children's rights are to be further extended under the Education (Scotland) Act 2016 once the relevant provisions are commenced. This will give children a range of rights under Education (Additional Support for Learning) (Scotland) Act 2004 (as amended).

- Education authorities must make arrangements for the provision of education where a CYP is too ill to attend school. Guidance on children unable to attend school due to ill health was published in June 2015[66];
- Children and young people under the age of 16 can consent to any surgical, medical or dental procedure, or treatment if they are capable of understanding the nature and possible consequences of the procedure or treatment[67];
- Education authorities are under a duty to seek the views of children about the decisions that affect them, including decisions around their healthcare needs, and take these into account alongside their parent /carer's view;
- Children over 12 with capacity and young people have the right to request an assessment of their additional support needs and have their views considered and taken into account in decisions about their learning and support[68].

47. Wherever possible, children and young people should be empowered and supported to manage their own healthcare needs and work in collaboration with the school health team, school staff, and their parents/carers, to reach an understanding about how their health affects them and how their healthcare needs will be met.

Responsibilities

Parents/carers

48. Parents/carers are responsible for making sure that their child attends school when well enough to do so. They also have the same responsibilities and rights as young people do for themselves in regard to seeking support of their child. They should be allowed to work in partnership with their child, the school health team and school staff to reach an agreement about how their child's needs will be met and the school should inform parents/carers of their right to participate in the decision-making process. Confidentiality should be respected with regards to meeting a child's healthcare needs since, in some cases, parents or carers may feel hesitant or reluctant about sharing sensitive information – this will be helped if confidentiality is trusted.

49. Parents/carers should provide their child's school with sufficient information about their child's health, care and treatment. Parents/carers should also provide the school with the necessary medication and help their children understand how to comply with agreements in place to cover their healthcare needs at school, However, it should be recognised that some parents or carers may have difficulty understanding or supporting the child or young person's medical condition themselves. The Community Paediatric Service or General Practitioners (GPs) should be able to provide additional assistance in these circumstances, whilst Allied Health Professionals (AHPs), such as hospital paediatrician or specialist paediatric nurses, may also support and advise schools on managing healthcare needs.

[66] Guidance on the education of children unable to attend school due to ill health

[67] Parental consent is only required if the medical practitioner is satisfied that the child does not have sufficient understanding. However, where parental consent is not legally required, good practice would seek to involve parents/carers, with the child's consent.

[68] Parents/carers of children under 16 have the same rights as young people under the Education (Additional Support for Learning) Scotland) Act 2004 (as amended).

Parents/carers also have the right to use a supporter or advocate in conversations or meetings with an education authority in regard to the authority's functions under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) in relation to their child[69].

NHS boards

50. NHS boards must ensure that appropriate arrangements are in place with education authorities, which determine the respective responsibilities of each in relation to supporting children and young people with healthcare needs in schools including those with complex healthcare and medical needs. In doing so, NHS boards should work with the appropriate education authorities to facilitate joint agreements. They should plan and co-ordinate effective local provision within the resources available, taking into account needs of the local population, and ensure that the arrangements enable effective communication between all appropriate agencies and services, at all levels. In doing so, they should ensure that children, young people and their families are consulted.

51. This responsibility for securing the joint agreements between the NHS board and the appropriate education authorities for supporting children and young people with healthcare needs is often delegated to the Child Health Commissioner as part of their overall responsibility for regional planning and feeding into children's services plans (refer to the circular linked at footnote 63 for more information about the role of the Child Health Commissioner).

52. Under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended), NHS boards, have a duty to help education authorities discharge their duties under the Act[70]. Further in discharging their functions with regard to meeting health care needs of children and young people, NHS boards have a duty to make reasonable adjustments and due regard to the requirements of the public sector equality duty (for more information refer to **Annex C**).

Education authorities

53. Education authorities are required to work collaboratively with NHS boards and ensure that there is adequate and efficient provision in place in the schools in their area to support the healthcare needs of children and young people. As set out in Chapter 3, the education authority should work with the NHS Board to agree a policy framework on supporting the healthcare needs of children and young people in schools.

54. Education authorities will have staff in both strategic and operational roles with responsibility for the arrangements in place for additional support for learning, including, for example, education psychologists. The education authority will have a named contact from whom parents or carers, young people and others can obtain advice and information about the arrangements in place for the provision of additional support for learning[71], including healthcare needs. Education authorities

[69] Section 14 of the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended)
[70] Section 23 of the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended)
[71] Section 26(2)(f) of the Education (Additional Support for Learning)(Scotland) Act 2004

are also under a duty to publish[72] information about their arrangements in place for additional support for learning, and this should include arrangements for identifying, providing support and reviewing the additional support needs of their pupils including those arising from the healthcare needs of all children and young people. It should also include the contact information for the NHS board that parents/carers of children with additional support needs, or the young people who have those needs, can obtain advice.

The school health team[73]

55. The role of the school health team is to provide support to children, young people and their families in school and provide advice, guidance and sometimes support on supporting healthcare needs in school. While there is considerable variability in the makeup of the school health team and its role across NHS boards and education authority areas, these functions will be provided by a team of staff employed by the NHS board working collaboratively with the education authority within schools and communities.

56. The team may include healthcare support workers, community children's nurses and other registered nurses working within schools, as well as those working with children and families with additional needs within the community[74]. Teams may also include a doctor (from the community paediatric service), clinical psychologist and allied health professionals, such as speech and language therapists, dieticians, occupational therapists and physiotherapists. The school health team may also include the involvement of representatives from third sector organisations providing support to specific children or conditions.

57. The school health team must work collaboratively with staff in the education authority and schools, to ensure that the health needs of children and young people are identified, supported and kept under review. This will rely on strong support and leadership from within the team and the school. All schools should appoint a main point of contact from within the school health team - from among the professional contacts listed in paragraph 56 above, although this should be determined by each school health team.

[72] Section 26 of the Education (Additional Support for Learning)(Scotland) Act 2004

[73] Traditionally the school health team (or service) has provided a wide service ranging from health promotion in schools, immunisation and work with children and families with additional needs.

[74] As set out in Public Health Nursing Services – Future Focus (CEL 13), Scottish Government, 2013, the qualified school nurse role is being refocused to provide a clear distinction between the qualified school nurse role and role of the wider school health team which may include healthcare support workers, community children's nurses and other registered nurses working within schools. Going forward the qualified school nurse role will centre on work with children, young people and their families with additional needs and a number of priority areas (looked after children, mental health and well-being, substance misuse, domestic abuse, youth justice, young carers, homeless families and children, transition periods and child protection). The wider school health team will lead on providing other key public health interventions and services within schools such as immunisations, health zones; height and weight. Following initial testing it is envisaged roll out of this refocused role will take place in 2017/18.

The school management team

58. As set out in chapter 4, it is the responsibility of the head teacher and the school management team to ensure that appropriate arrangements are in place to meet the healthcare needs of children and young people in their school. As such, they need to be aware of and familiar with the joint NHS board and education authority policy framework in place.

59. Based on this framework, and through the appropriate planning processes, the school management team are required to put in place the arrangements for supporting the healthcare needs of children and young people taking into account the local context of the school. These arrangements should be drawn up in consultation with the children and young people at the school, their parents, the school health team and wider school community.

60. In most circumstances, the head teacher, or their delegate, will also fulfil the role of the named person for the children and young people in their school. It will be the responsibility of the named person to play a key role in ensuring communication with children and young people and where appropriate their families, although in some complex, long term cases, it may be that a lead professional[75] is also designated. The named person will use professional judgement to ensure that the response to those needs is appropriate and safeguard the child's or young person's wellbeing. This role does not remove the responsibility of any other practitioners who work in partnership with others to identify, address and review the arrangements in place for supporting that child or young person's needs.

61. As day to day decisions normally fall to the school management team in partnership with the school health team, decisions may need to be made about a school's response to outbreaks of infections and other diseases. Where appropriate, it is also the responsibility of the school's management team to report any outbreak of disease in the school setting or dangerous incidents to their own local authority.

Pre-school children - the Health Visitor

62. Health outcomes for children in their early years is set out in Hall 4 (Health for all children)[76], The Universal Health Visiting Pathway[77] set out under this programme consists of 11 home visits to every family by a health visitor, 8 visits in the first year of a child's life and a further 3 child health reviews at key time points 13-15 months, 27-30 months and 4-5 years. Under Getting It Right for Every Child the public health nurse – the health visitor – will be the lead contact for children between the ages of 0 and 5 (or until they start school).

[75] Where it has been agreed that a Child's Plan should be prepared, there will be a lead professional to make sure that the Child's Plan is managed properly and to co-ordinate the support described in the plan.
[76] A New Look at Hall 4 – the Early Years – Good Health for Every Child
[77] Universal Health Visiting Pathway in Scotland - Pre Birth to Pre School

Community paediatric services

63. Within the community paediatric service, the community paediatrician or community children's nurse are specialists in disability, chronic illness and the impact of ill health on children. While staff from the community paediatric service or children's nursing service may make up part of the school health team in the role of the school doctor or nurse, the community paediatric service may be a separate service that works alongside other school health teams.

General Practitioners (GPs)

64. GPs are part of primary healthcare teams. Parents are encouraged to register their child with a GP. Although the GP will often play a key role in diagnosing and prescribing for certain conditions, in most circumstances it will be more practical for schools to seek information and advice from the school health team or community paediatric service, rather than the GP.

Other health practitioners

65. Other health practitioners may be involved in the care of children and young people with healthcare needs in schools. For example, pharmacists employed by NHS boards may provide pharmaceutical advice to school health teams. Community pharmacists are a useful source of information about medicines, and may be able to advise on the management of medication, including recording, storage and disposal.

66. Consultants in public health medicine or communicable disease and environmental health advise school health teams and others on the circumstances in which children and young people with infectious diseases should not be in school, and the action to be taken following an outbreak of an infectious disease.

67. Some children and young people with healthcare needs will receive specific or individual support from specialist nurses or healthcare staff. They can provide advice on the individual medical needs of a child or young person, particularly when a medical condition has just been diagnosed and the child or young person is adjusting to new routines. Where a new condition has been diagnosed, health staff should liaise with educational colleagues to ensure they are aware of the new condition.

68. Psychological services and services provided by allied health professionals, including speech and language therapy, physiotherapy, occupational therapy, and dietetics may be particularly relevant to children and young people with healthcare needs.

Voluntary and third sector organisations

69. In addition to advice from Health Board colleagues, many voluntary and third sector organisations specialising in particular medical conditions are able to provide advice, support, resources and training on how to manage the condition in schools.

All school staff

70. The day to day responsibility of supporting the healthcare needs of children and young people in schools is likely to fall to education support staff or healthcare support staff, working in partnership with the children and young people concerned, their parents, the school management team, teachers and the school health team. Staff who play a direct role in supporting the health and wellbeing needs of an individual child or young person should have access to relevant information which includes information about their health needs.

71. All other school staff have a duty of care to the children and young people. As such, they should be aware of how to respond to an emergency situation when required It is not expected that teachers will routinely administer medication or support children and young people's healthcare needs.

Complaints

72. There may occasionally be disagreements between the parents of children and young people with healthcare needs and the people who work with those children and young people. The first course of action should be to make a formal complaint through the local authority's own internal complaints procedure. There are a range of mechanisms for resolving such disputes[78] for pupils with additional support needs.

73. The most informal route within dispute resolution mechanisms is through voluntary mediation whereby an impartial third-party mediator will help those involved find a shared solution to their dispute. Mediation can be used at any time during a disagreement or dispute and local authorities must provide independent mediation services free of charge for young people and their parents.

74. Other methods of resolving disagreements include the setting up of an Education Appeals Committee or Tribunals. Education Appeals Committees hear appeals against decisions to exclude or refuse a child a place at a mainstream school, whilst the First-Tier Tribunal[79] hears, and decides upon, appeals made by parents and young people. These appeals may be about co-ordinated support plans or a failure to provide the additional support set out in a child or young person's co-ordinated support plan. The First-Tier Tribunal also hear appeals about disability discriminatory treatment.

[78] Enquire Factsheet 4 - Resolving Disagreements
[79] After 12 January 22018 Additional Support Needs Tribunal for Scotland transfers to Scottish Tribunals

CHAPTER 3 - DEVELOPING POLICIES AND PROCEDURES FOR SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS - NHS BOARD AND EDUCATION AUTHORITY AGREEMENTS AND POLICIES

Local strategic joint agreements

76. As set out in chapter 2, it is for NHS boards to ensure that appropriate agreements are in place with the relevant education authorities which determine the respective responsibilities of each in relation to supporting the healthcare needs of children and young people in schools in their areas. The responsibility of facilitating and securing these agreements usually falls to the senior management team in each NHS board area.

77. In establishing local strategic joint agreements, effective communication is required between all parties involved to ensure that they are based on a sound understanding of the local context, resources available and the needs of children and young people in the area. It is good practice for children, young people, their parents or carers, and the wider education and health community to be consulted in the development of any local agreements. Such agreements may cover:

- Funding arrangements between NHS boards and education authorities to provide appropriate healthcare support in schools for children and young people with specific healthcare needs e.g. tracheostomy, intermittent catheterisation, etc.;
- The allocation of other resources including staff;
- Local procedures and protocols including, for example, the arrangements for training between NHS boards, education authority and staff in schools;
- When the agreement should be reviewed.

78. The local strategic joint agreements will complement or form part of the local arrangements in place for children's services planning and should reflect the principles of Getting it Right for Every Child. Further, in line with the anticipatory duty to make reasonable adjustments under the Equality Act 2010 for children and young people with disabilities, the joint agreements should enable NHS boards and education authorities to respond quickly to any request to help support healthcare needs in schools. NHS boards may wish to establish consistency in the arrangements that they make with the different education authorities in their area.

Policy framework on supporting children and young people with healthcare needs in schools

79. Based on these local strategic joint agreements, a clear policy framework should be developed to guide all staff across the NHS board and the appropriate education authority, on the local arrangements in place for supporting children and young people with healthcare needs in schools within the education authority area. The policy framework should ensure that reasonable steps, and where appropriate reasonable adjustments, are taken to support those healthcare needs to enable children and young people's attendance and participation in their learning.

80. The policy framework agreed between the NHS board and the appropriate education authorities might set out or include the local policies and procedures on a range of issues, for example:

Under rights and responsibilities:

- the roles and responsibilities of those involved in supporting healthcare needs in schools;
- children and young people's rights and the rights of parents;
- the responsibilities of young people and their parents;
- who is responsible for the training of staff in supporting the healthcare needs.

Under policy and practice or procedures:

- policy on identifying, meeting and keeping under review the additional support and wellbeing needs of children and young people including those with complex healthcare or medical needs;
- procedures for the administration of medicines in schools including the procedures for children and young people taking their own medication;
- storage and access to medication including the arrangements for children and young people carrying their medication themselves;
- procedures for notifying parents or carers of outbreaks of infections and other diseases particularly when children with certain health conditions have an increased risk of complications;
- emergency procedures and emergency contact information;
- details about the local arrangements and policies in place about the use of salbutamol inhalers (see **Annex A**) or defibrillators for use in emergencies.

Under individual arrangements:

- the arrangements for managing the transition of children and young people with healthcare needs e.g. from early learning and childcare provision to primary school, from primary school to secondary school, and from secondary school to further learning, training or employment;
- arrangements for the management of certain health conditions e.g. asthma, diabetes and epilepsy;
- circumstances where an individual healthcare plan or child's plan will be required, who will be involved and when will it be reviewed;
- arrangements for record keeping including standard written consent forms/templates;
- the circumstances in which children may take non-prescription medication, e.g. painkillers for managing headaches and period pain;
- the circumstances, related to ill-health under which children and young people should not attend school.

Under governance and accountability

- details about the authority's indemnity/insurance arrangements;
- arrangements for risk assessments including the arrangements in relation to school trips and other activities outwith school such as work placements, young people attending college as part of the arrangements made for their learning, or learning with a private or third sector training provider;
- where concerns should be directed and how they are handled;

- when local policies and procedures should be reviewed.

The allocation of support staff to meet the healthcare needs of children and young people in schools

81. The NHS board and education authority are required to consider their respective allocations of staff to support the healthcare needs of children and young people. Under the Equality Act 2010, the duty to make reasonable adjustments is anticipatory and so workforce planning is particularly relevant in regard to children and young people with complex healthcare and medical requirements. Workforce planning should take into account the evolving needs of the population that NHS boards and education authorities are mutually responsible for, take into account planning at points of transition, and cover for staff illness. Planning should also take into account cover to enable staff to attend training.

Training and development of staff to support healthcare needs in schools

82. NHS boards and education authorities should work collaboratively to ensure that all staff receive an appropriate level of training to understand and respond to both the educational and health needs of children and young people for whom they are responsible. Training requirements should be planned for and driven by the individual needs of children and young people in the schools in the area. However, education authorities and NHS boards also need to have arrangements in place to ensure that training can be provided for those children and young people with newly identified or fluctuating needs.

83. In many instances it will be the community children's nurse, AHP, or community paediatrician that provides or delivers the training - although training may also be delivered by third sector or private organisations with the appropriate responsibility and/or accreditation for providing suitable training. Where agreed evidence based training standards or competencies for the management of certain conditions exist, such as for the emergency treatment of epilepsy seizures or diabetic hypoglycaemia episodes, it is expected that all training will conform to these standards. More generally, all practitioners are encouraged to use the Common Core of best practice values and skills for engaging effectively with children and young people[80].

84. The NHS board and the education authority should develop a programme of appropriate refresher courses to ensure that staff competencies remain current and that they understand the legal duties relevant to their role. Training should also be monitored and supported via effective record keeping. Where appropriate, and particularly in regard to the staff whose job it is to meet specific healthcare needs, any training should be signed off by both the trainer and the staff member.

85. General awareness raising training of common conditions should be provided to ensure that staff in schools have a basic understanding of these, can recognise symptoms, and seek appropriate support. Common medical conditions include, for example, asthma, diabetes, epilepsy, eczema and allergic reactions (including

[80] Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland, Scottish Government, 2012

anaphylaxis). General awareness-raising training about less common conditions may also be provided if there are children or young people in the area diagnosed with that condition. This will help ensure that the needs of those children and young people can be met as fully as possible. Such training may be planned in partnership with the children, young people and their parents/carers who are involved.

Education Authority indemnification/insurance

86. Education authorities should ensure that their insurance/indemnification arrangements provide full cover for their staff who meet healthcare needs or administer medication within the scope of their employment. Education authorities must satisfy themselves as to the legality and safety of arrangements they have in place and recognise that the need for support for children. For example, as full and up to date training is a requirement of the indemnity/insurance arrangements, in all cases, an appropriate healthcare practitioner should deliver training to staff and confirm competency of staff on completion of the training and then on a regular basis. All staff involved in supporting children and young people with healthcare needs need to be clear about their responsibilities, and how often training should be undertaken. This will provide reassurance to all concerned about the protection and support they will receive in the event of any allegation of fault. Detailed records about the administration of medicines and other actions taken to support healthcare needs should be kept as these records provide evidence of whether procedures have been followed.

87. Any difficulties in securing indemnification/insurance to meet the needs of children and young people should be flagged up immediately with the NHS board for joint consideration of the arrangements that should be made for supporting those needs.

Sharing information and confidentiality

88. NHS Boards and education authorities must consider the existing legislative and policy framework[81] to ensure that they effectively share information to enable children and young people's needs to be met at school, whilst ensuring that the personal information is handled securely and appropriately and is only disclosed when necessary. A data sharing agreement (DSA) should be put in place between organisations setting out what personal data will be shared and how it will be shared. All processes must respect a child's right to confidentiality as provided by Article 8 of the European Convention on Human Rights, and set out the considerations that should be taken into account before information is passed on, including arrangements for seeking the views of the child.

Resolving disagreements

89. Where there are any concerns regarding the educational provision or support of children and young people with healthcare needs, the aim will be to resolve any disagreements as early and at as local a level as possible. Concerns should be

[81] This framework includes the Data Protection Act 1998 and the Pupils" Educational Records (Scotland) Regulations 2003.

raised with the school management team in the first instance, but, children over 12 with capacity, young people and parents have the right to access more formal processes of dispute resolution[82] for issues related to additional support for learning and discrimination. There is an extension of the rights of children under the Additional Support for Learning Act from January 2018. These include mediation, independent adjudication or consideration by the First-Tier Tribunal. Further information is available from Enquire, the national information and advice service for additional support for learning, at http://www.enquire.org.uk.

[82] Enquire » Factsheet 4: Resolving disagreements

CHAPTER 4 - SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS AT SCHOOL LEVEL

The role of schools

90. The policy framework as agreed by NHS boards and education authorities on supporting the healthcare needs of children and young people in schools should be adopted or reflected in any of the local policies and practices that are put in place by any individual school. This will ensure that the arrangements in place at school are consistent with other schools in the area, but are also appropriate to the local context of the school and the school community. Where school policies and procedures are necessary, these should be drawn up, agreed on, and clearly understood by children and young people, staff, parents and wider school communities. Specific school arrangements may include:

- who in the school accepts responsibility, in principle, for supporting the healthcare needs of children and young people in the school;
- any arrangements that may be different to the education authority's policy framework;
- who is responsible in school for staff training in regard to supporting healthcare needs and administering medication;
- emergency procedures at the school including a main point of contact in the school health team;
- details of any centrally held inhalers; anaphylaxis auto-injectors; or defibrillators for use in emergency situations at the school;
- the storage of and access to medication in the school;
- who is responsible for ensuring the safety of children and young people's self-management of their medical conditions;
- the arrangements in place to ensure that staff are informed and kept up to date about children and young people's healthcare needs at school.

School level training issues

91. The school management team/and school health team should be aware of the arrangements in place for staff training. Both the school management team, and staff themselves, must be satisfied that training gives staff with sufficient knowledge, understanding, confidence and competence appropriate to their role. Where staff are in any doubt about the support to be provided to a child or young person, they should refer immediately to the school management team and/or school health team or initiate emergency procedures, particularly if there are any concerns about the child or young person's immediate health or wellbeing.

92. School staff and school health team should work collaboratively to consider the needs of the school community and identify opportunities to support the delivery of the experiences and outcomes under Curriculum for Excellence and undertake health promotion activity[83].

[83] The Schools (Health Promotion and Nutrition) Scotland Act 2007, which made amendments to the Standards in Scotland Schools Act 2000 in this regard places a duty on education authorities and managers of grant-aided schools to endeavour to ensure that public schools and grant-aided schools are health-promoting. (Section 2A)

Identifying and supporting healthcare needs in schools

93. Children and young people's health can have a significant impact on their attainment and/or wellbeing. Therefore, many children and young people are likely to require support with healthcare needs at school at some time in their school life. In most cases this will be for a short period only, e.g. to finish a course of antibiotics and minimise the time they need to be off school. In these circumstances it is the responsibility of parents/carers to provide their child's school with sufficient information about their child's health, care and treatment. Staff in schools will need to ensure that this information is complete and the appropriate consents are sought for the healthcare support that is required.

94. If a child and young person is diagnosed with a longer term condition or develops healthcare support needs, it is normally the role of parents/carers to notify the school that they require the school's input to support their child's needs. However, school staff should be aware that notification may come from a variety of sources such as the child or young person themselves, the named person, allied health professionals or community nursing or paediatric teams.

95. Staff in the school and the school health team need to work closely with the child or young person concerned and their parents to ensure they have all the information required to help meet their needs. Members of the school health team, paediatrics staff and other members of the community children's nursing service or Allied Health Professional team may be able to supplement information and advice already provided by the child's parents or GP. They may also be able to advise on training for school staff who administer medication, or take responsibility for other aspects of health care support. They may also be able to provide specialist medical support for a child with healthcare needs in school, particularly if there is any question over whether the procedures in place to meet a child or young person's needs is covered by the education authority insurance.

96. The school management team should ask the education authority to provide written confirmation of the insurance cover for staff who support healthcare needs in schools. The school management team should ensure staff in the school know about the provision for indemnity against legal liability, and the terms and conditions under which is it operative. Staff in schools should be clear when practice may fall outwith insurance cover, and seek advice and support from the school health team and education authority where this situation arises. See paragraphs 86-87 for further information about indemnity and insurance.

97. If staff in school notice any deterioration in the health of an individual child or young person, they should inform the named person or another representative in the school management team who should let the parents know, and where appropriate, the school health team.

98. All staff in school should know the school's procedures for responding to an emergency situation including how to access first aid support and how to contact emergency services. Where a child or young person is taken to hospital by ambulance they should be accompanied by a member of staff who should remain with the child or young person until a parent or carer arrives. The member of staff

should take details of the child or young person's healthcare needs and/or details of any medication taken that day.

99. Generally, staff should not take children and young people to hospital by car, however, there may be circumstances where it is agreed with the school health team, emergency services and parents that this is the best course of action. In such circumstances and wherever possible the member of staff should be accompanied by another adult and have public liability vehicle insurance.

Individual healthcare plans

100. The main purpose of an individual healthcare plan is to identify the level and type of support that is required to meet a child or young person's healthcare needs at school. It is not anticipated that one will be required for short term needs where a child, for example, is taking a course of antibiotics. In such cases it would be sufficient to seek the appropriate consents and record details of the medication or procedure to be undertaken, time of administration or procedure and any possible side effects. Planning procedures should be proportionate and take into account the best interests of the child or young person. More detailed planning and co-ordination will often be required for those with longer term or complex healthcare or medical needs, and should be managed via an individual healthcare plan.

101. The need for an individual healthcare plan and the medical detail of such a plan should only be assessed by an appropriate designated health practitioner. This input is likely to come from the community paediatrician or community children's nurse. Where it is identified that an individual healthcare plan is required, the school health team should work with the school management team, parents/carers and the individual child or young people to draw it up. Other health practitioners may also provide input if they are involved in supporting that child's healthcare or wellbeing needs, whether at school or home, to ensure a continuum of support is in place. The plan should always be tailored to identify and address the individual needs of the child or young person and may include:

- details of any diagnosed condition or symptoms;
- the impact that the condition or symptoms has to the individual;
- details of any medication, dosage, side effects and storage information;
- the healthcare support/procedures;
- whether any learning support required;
- special requirements e.g. dietary needs, pre-activity precautions, access to facilities and other reasonable adjustments etc.;
- who is responsible for providing the support;
- arrangements for staff cover;
- what to do, and who to contact, in an emergency;
- training needs for the support, how often these should be reviewed and who will deliver the training;
- consent;
- arrangements for support if a child or young person needs to attend regular hospital appointments or spend time in hospital;
- how often and when the plan should be reviewed;
- consideration of existing emergency plans, such as Anticipatory Care Plans.

102. Individual plans will contain different levels of detail according to the needs of the individual child or young person, but drawing up the plan should not be onerous. The co-ordination and sharing information will be in line with the arrangements under the Getting It Right for Every Child approach and take into account the data sharing legislation (see paragraph 88). The school management team and school health team may delegate responsibility for leading this process or it may fall to the named person - information on the role of the named person is available on the Scottish Government's website[84]. The lead in the process may be a first contact for children, young people, parents/carers and any staff who may have a role in supporting the child or young person's healthcare needs in school.

103. For children and young people with healthcare needs to benefit fully from their education, consideration must also be given to the impact that their health needs has on both their learning and wellbeing. As such, consideration should be given to whether a child would benefit from an individualised learning plan or a co-ordinated Support Plan[85]. In order to streamline the planning processes for certain individuals with complex additional support or wellbeing needs, an individual healthcare plan and other learning plans will be contained within or as part of child's plan or co-ordinated Support Plan as appropriate.

104. As the plan provides a written agreement about the support to be provided at school it should be signed off in partnership by all those involved in its development, including the individual child or young person and parents/carers. Where there is any concern about whether a child or young person's needs can be met within these arrangements, or any dispute in regard to the support being planned for a child or young person or the content of the plan, it may be necessary for the school management team and the school health team to seek the advice from the NHS board or education authority. This should be done quickly, to ensure there is no delay to appropriate support being put in place to support the healthcare needs of the individual child or young person.

105. Individual healthcare plans may reveal the need for some staff to have further information about the content of healthcare plans, healthcare procedures or specific training in administering a particular type of medication or in dealing with emergencies.

Dealing with medicines safely

106. Medication should only be taken to school when absolutely essential, and in line with local policies and procedures. Parents/carers (and where appropriate the young person themself) are responsible for supplying information about any medication that needs to be taken at school and for letting the school know of any changes to the prescription or the support needed. The school should seek written consent (usually

[84] The role of the Named Person

[85] Under the Education (Additional Support for Learning) (Scotland) Act 2004 (as amended), a Co-ordinated Support Plan is a statutory plan required if a child or young person's needs will last a year or more and will require significant additional support from education and more than one other agency.

through a standard form) that the medication may be administered, queries which schools have over medication should be directed to the community pharmacist.

107. Where possible, medication should be prescribed in dose frequencies which enables it to be taken outside school hours. Although this should be discussed with the prescriber, a child or young person's health or wellbeing needs should never be compromised.

108. Schools should ensure that medication is not stored in large quantities and parents or carers provide weekly or monthly supplies ideally in their original manufacturer's or else in a pharmacy dispensed container or box. Some medicines may be harmful to anyone to whom they are not prescribed and particular care needs to be taken where a school stores controlled drugs such as methylphenidate[86]. A full list of controlled drugs under the misuse of drugs legislation has been provided in useful guidance section at Annex D. Community or NHS Board employed pharmacists and school healthcare teams should be able to assist the education authority in producing their policy on the safe storage and handling of medicines in schools which manages the risks to the health of others if they are not properly controlled.

Self-management

109. It is good practice to allow children and young people who manage their own medication from a relatively early age and schools should encourage and support this. Examples include children using their inhalers or checking their blood sugar levels during the school day. Where required, appropriately hygienic facilities should be provided to allow for this to ensure privacy at all times.

110. There should be an assessment of the child's or young person's capability to manage their health needs and carry their medication[87]. This should identify actions to help support children and young people, if possible and appropriate, to progressively manage their medical or health needs over time. The arrangements must also be flexible and sensitive to the needs of children and young people on any given day. Illness, for example, may impact on how much support the individual requires. It may, therefore, be appropriate to supervise children and young people who self-medicate or manage their health needs routinely, particularly if there is a risk of negative implications to their health or education.

Access to medication

111. Where a child is managing medication themselves they should not normally be expected to give up their medication for storage. In allowing children to retain medication, an assessment must be made of the potential risk to others, with actions put in place to manage those risks appropriately.

---

[86] A guide to good practice in the management of controlled drugs in primary care - Scotland, Version 2.0, September 2014

[87] Age of Legal Capacity (Scotland) Act 1991: Exceptions to General Rule

112. Where individual children and young people do not hold their own medication, they must know where it is stored. Medication should always be accessible at the point of need. However, it is also important to make sure that medicine is only accessible to those children and young people for whom it is prescribed.

113. Some medicines need to be refrigerated. The temperature of refrigerators containing medication needs to be monitored and recorded regularly. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. If a school has to store large quantities of medicines then a lockable medical refrigerator might be preferable.

114. If the school locks away medication, all school staff, and where appropriate, individual children and young people, should know where to obtain keys to access the locked cabinet or fridge.

115. Schools may also need to make special arrangements for any emergency medication that children and young people require.

Administering medication

116. Where it is considered that medication will need to be administered at school, medication should always be supplied by the parents/carers to the school in its original packaging including any patient information leaflet. Parents/carers may, therefore, need to obtain a separate prescription for medication to be taken and held at school. If this isn't possible, then it should be decanted by an appropriate healthcare practitioner with an appropriate label or instruction. The parent/carer should also ensure that they provide clear instructions about how long the medication needs to be taken for, and any other relevant information that isn't provided on the label or patient information leaflet. This information may be captured as part of a standard consent form that must be completed by parents or carers.

117. Staff should not administer medication if they are not sure what the medication is or what it is for. If a member of staff is in any doubt they should check with the parents/carer or an appropriate healthcare practitioner before taking further action. Further, staff administering or overseeing the administration of medication in school will want to ensure:

- they follow the instructions on the label and/or patient information leaflet (or in line with manufactures recommended dosage if the medicine is non-prescription (see paragraphs 120-125 for more information about Paracetamol and the use of other non-prescription medicines in schools).
- that they are giving the right medicine to the right child or young person at the right time;
- the correct dosage is given, and recorded;
- they are aware of the side effects and how to deal with them (information on side effects is detailed in the patient information leaflet but if in doubt community or NHS Board employed pharmacists can advise);
- the medication has been stored and handled as per the label or other instruction;
- they have checked the medication has not passed its expiry date;
- a signed record is completed each time medication is given to any child or

young person.

118. Wherever practical, the dosage and administration should be witnessed by a second adult. In some school situations this will not be possible and children, young people and their parents should be involved in decisions about managing any situations that may arise via standard written consent forms or an individual healthcare plan.

119. If there is likely to be any problems encountered with the administration of medication at school; or the provision of medication is not straight forward, this should be incorporated into an individual healthcare plan.

Paracetamol (and the use of other non-prescription medicines in schools)

120. Children and young people in schools sometimes ask for painkillers (analgesics) or other non-prescribed medication at school such as antihistamines. However, schools should not purchase non-prescribed medication unless using those powers permitted under the provisions of the Human Medicines Regulations. If a child or young person suffers regularly from acute pain or symptoms, such as a headache, period pain or hay fever, parents may provide the school with non-prescribed medication alongside clear and appropriate instructions and consent for the medication to be administered (often via the completion of a standard form).

121. Children may register for the minor ailment service at their local pharmacy or, alternatively, parents (or where appropriate the young person) may ask for the medication to be prescribed by a GP. The minor ailment service[88] is available to people under 16, or under 19 where they are in full-time education.

122. If a child or young person has taken medication before going to school, their parent or carer should provide written information to the school in respect of the time the medicine was taken and the dosage given, in order to prevent the risk of over-dosing during the school day. Schools should also make a note of the time and dosage if a pupil takes medication during the course of the day.

123. A member of staff should supervise younger children taking the medication, including helping to ensure the correct dosage is taken, and ensure that the individual's parents are informed on the day the medication is taken.

124. Some children and young people with the maturity and capacity to carry and self-manage their own non-prescribed medication and symptoms (for example, for period pain, occasional headaches, minor viral illnesses, coughs, sore throats or hay fever) should be allowed to do so. In such circumstances it is recommended that only medication that can be purchased from a pharmacy should be carried and that children and young people carry as little medication as possible in the original pack or bottle - normally only enough for a single school day (although this may not be possible for liquids or sprays). Blister packs, for example, can be cut to ensure only a single day's medication is carried.

[88] http://www.gov.scot/Publications/2017/03/6765/1The NHS Minor Ailment Service at your local pharmacy

125. It should be noted that children under 16 should not be given or take aspirin, unless prescribed by a doctor[89]. Further, products containing codeine should not be provided to children under 12 as it is associated with a risk of respiratory side effects, and is not recommended for adolescents (12 to 18) who have problems with breathing[90]. Queries regarding such medication should be directed to a community pharmacist.

Hygiene/infection control

126. All staff should be familiar with standard infection control precautions for avoiding infection and must follow basic hygiene procedures such as hand washing. Where advice on infection control is required, school staff should consult the school health team in the first instance. Staff should have access to protective disposable gloves and take care when dealing with spillage of blood or other body fluids and disposing of dressings or equipment.

Refusing medication

127. If a child or young person refuses to take medication, school staff should not force them to do so. If the child is not considered to have capacity, the school must inform the parents or carers of any child that refuses to take medication as a matter of urgency. If the parents or carers cannot be contacted, school staff should seek urgent advice from the school's health team about the impact of the child or young person refusing their medication. In the case of long term conditions or treatments the school health team may wish to contact the child's healthcare team for advice and take account of this in the child's healthcare plan. If necessary, the school should call the emergency services for an ambulance. A record should be kept where medication is refused.

Disposal of medication

128. Staff in schools should not dispose of medication. Date expired medicines or those no longer required for treatment should be returned directly to the parent or carer to return to a pharmacy for safe disposal. Medication that is in use and in date should be collected by the parent/carer at the end of each term. Where this isn't possible, schools are required to dispose of medication in a safe and appropriate manner in accordance with current waste management legislation[9192]. This will normally mean that medication is sent to a community pharmacy. To do this legally, schools must register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA). Registration is free and can be done online on the SEPA website[93]. Clinical or healthcare waste, including needles for example, should be disposed of in line with the arrangements in place for the disposal of such waste. Again, more information is available on the SEPA website[94].

[89] Aspirin - Tests & treatments | NHS inform
[90] Codeine for cough and cold: restricted use in children - GOV.UK
[91] Paragraph 12 of Schedule 4 of the Waste Management Licensing (Scotland) Regulations 2011
[92] Waste carriers and brokers | Scottish Environment Protection Agency (SEPA)
[93] Professional Collectors and Transporters of Waste - SEPA
[94] Clinical waste | Scottish Environment Protection Agency (SEPA)

Intimate care

129. Intimate care encompasses areas of personal care, which most people usually carry out for themselves but some are unable to do so because of their additional support needs or impairment or medical condition. It may also apply to certain invasive medical procedures. Support to meet a child or young person's intimate care needs should be covered as part of the individual healthcare plan. Where an adult chaperone is required, this would be someone who is known or trusted by the child. Where the child is accompanied by another minor of the same age, a formal adult chaperone must also be present.

130. Appropriate training should be put in place for staff who provide intimate care. Staff should protect the rights and dignity of the child or young person as far as possible, even in emergencies. Education authorities may have separate procedures in place for the management of intimate care and these must be adhered to at all times.

CHAPTER 5 - CIRCUMSTANCES WHERE A SCHOOL MAY NEED TO MAKE SPECIAL ARRANGEMENTS FOR SUPPORTING CHILDREN AND YOUNG PEOPLE WITH HEALTHCARE NEEDS

The need to make reasonable adjustments

131. Staff in schools and the wider school health team must make reasonable adjustments for children and young people with disabilities, in line with the provisions of the Equality Act 2010, to ensure that children and young people with healthcare needs are enabled to participate in the opportunities that learning provides. Where safety permits, this includes school trips, sporting activities and work placements. On paragraph 6.48 of the EHRC Technical Guidance for Schools[95] it states that schools are not required to eliminate all risk. Suitable and sufficient risk assessments should be used to help the school to determine where risks are likely to arise and what action can be taken to minimise those risks. Risk assessments should be specific to the individual pupil and the activities in question. Proportionate risk management relevant to the disability should be an ongoing process throughout a disabled pupil's time at the school.

School trips and other outdoor learning activities

132. Plans for school trips and other outdoor learning should take the healthcare needs of all children and young people into account from the outset. As part of this, school staff may wish to work with children and young people with healthcare needs and their parents, who will have experience of taking their children on trips and outings or learn from the experiences of other schools to ensure that everyone is able to benefit from the trip activity. School management teams should ensure risk assessments should be carried out in advance and take into account the healthcare support needs of all children and young people who are attending and how they would benefit from participating. The assessment should take into account the real risks involved, and identify proportionate actions and reasonable adjustments that ensure the participation of children and young people wherever possible. Risk assessments for trips abroad should also take into account additional circumstances e.g. the need for a nurse to accompany the child or young person.

133. The planning process should take into account the appropriate lines of communication in an emergency. The arrangements for taking, and storing, any necessary medication will also need to be taken into consideration. **Sometimes** an additional supervisor or parent might be invited to accompany a particular child to ensure that child or young person is able to attend and participate in the trip or activity.

134. Staff supervising excursions should be aware of a child's needs, and relevant emergency procedures, and information about the child or young person's medical needs and medication should be accessible in the event of an emergency.

135. If staff are concerned about whether they can provide for a child's safety, or the safety of other children or young people on a trip, they must seek advice in advance.

[95] Technical guidance for schools in Scotland | Equality and Human Rights Commission

Such advice may come from a parent or carer, a member of the school health team, the child's GP or Education Authority. The Scottish Government published information about Health and Safety on Educational Excursions[96].

Sporting activities

136. Most children and young people with healthcare needs can participate in extracurricular sport or in physical education. However, some activities may need to be assessed and modified with precautionary measures or reasonable adjustments that may need to be taken, e.g. children with asthma may need to take their reliever inhaler before exercise. Teachers should be aware of which children and young people have specific health needs and be included in the arrangements for planning support where appropriate. Any restrictions to a child or young person's ability to participate should be noted in their individual healthcare plan and considered as part of any risk assessment of the activity.

Social/fund raising activities

137. Children and young people with healthcare needs should be encouraged to fully participate in class social or fund-raising activities. Some of the activities are likely to involve food, such as charity bake sales, which can bring potential risks to children with severe food allergies. Teachers should be aware of those allergies with the aim of eliminating the risk of children coming into contact with food they are allergic to when purchasing food for a special event such as a class Christmas party. School staff should also be consider those healthcare needs when inviting pupils and/or parents to bring in home baking for class bake sales.

Work placements and vocational pathways delivered through school-college Partnerships

138. Where appropriate, children and young people with healthcare needs should receive the appropriate support to enable them to make the most of any work experience or college placements. When a work placement has been arranged it is the responsibility of the work placement organiser to ensure that the placement is suitable for the individual with a particular medical condition. Similar considerations apply when a child or young person attends another establishment for part of their course. In both circumstances the school management team should ensure that organisers are aware of relevant medical conditions (see paragraph 88 above on sharing information and confidentiality), all reasonable adjustments are in place and ensure that a risk assessment is carried out so that the individual's needs are met appropriately and proportionately. Children and young people may also be encouraged to share relevant medical information with employers.

139. When children and young people attend college as part of the arrangements made for their education, the education authority should liaise with the college to ensure that any are supported in line with the policy framework, taking account of the Scottish Funding Council's annual guidance to the sector[97].

[96] Health and Safety on Educational Excursions: A Good Practice Guide
[97] Supporting You at College

Transport

140. Education authorities arrange home to school transport where legally required to do so. It may also provide transport in other situations, for example, to and from a school trip. In all circumstances, consideration needs to be given to ensuring that the specific healthcare needs of the children and young people are supported when they are travelling.

141. Transport escorts and others should only be provided with the information necessary for them to meet the health and wellbeing needs of the child or young person. It may be necessary to ensure that the driver or any accompanying adults have access to a phone to ensure they are able to call an ambulance in the event of an emergency. Again, these arrangements should be covered in an individual healthcare plan, considered as part of any risk assessment and are covered by the duty to make reasonable adjustments. More detailed information on planning transport is contained in Chapter 6 of the guidance for educational excursions (see footnote 96 above).

ANNEX A: GUIDANCE FOR EDUCATION AUTHORITIES, NHS BOARDS AND SCHOOLS IN SCOTLAND ON THE USE OF EMERGENCY SALBUTAMOL INHALERS

Introduction

1. This annex provides guidance to education authorities, NHS boards and schools in Scotland on the use of emergency salbutamol inhalers. This guidance is not statutory, but has been developed by the Scottish Government to accompany the guidance to NHS boards, education authorities and schools on "Supporting the healthcare needs of children and young people at school" provided for earlier in this document.

Background

2. The Human Medicines (Amendment) (No. 2) Regulations 2014[98], which amended the Human Medicines Regulations 2012[99], provides schools across the UK with discretionary powers to buy and hold salbutamol inhalers, without a prescription, for use in emergencies[100]. The 2014 regulations only applies to salbutamol inhalers. The Human Medicines (Amendment) Regulations 2017 allows schools discretionary powers to buy and hold adrenaline auto-injectors, this is covered at Annex B. There are no other medications which can be held in schools for emergency use which can be purchased by a school.

3. All medications should be provided to schools by children and young people or their families for storage in line with "Supporting the healthcare needs of children and young people at school", including salbutamol inhalers and adrenaline auto-injectors, the spare devices held by the school are only for use in emergencies e.g. if the pupil's own device fails.

4. As stated in paragraph 1 of this annex, the guidance on the use of salbutamol inhalers in schools is for education authorities, NHS boards and applies to schools[101].

5. Once purchased, **the salbutamol inhalers may only be administered to or used by children or young people who have been diagnosed with asthma, or who have been prescribed a salbutamol inhaler as a reliever medication**. The salbutamol inhaler will only be used in an emergency when the child's own inhaler isn't available.

---

[98] The Human Medicines (Amendment) (No. 2) Regulations 2014

[99] The Human Medicines Regulations 2012

[100] Regulation 27 of The Human Medicines (Amendment) (No. 2) Regulations 2014 amends Schedule 17 of The Human Medicines Regulations 2012 to set out the principles of supply to schools.

[101] School is defined in section 22 of The Human Medicines (Amendment) (No. 2) Regulations 2014 with reference to the definition in section 135 (1) of the Education (Scotland) Act 1980 as meaning "an institution for the provision of primary or secondary education or both primary and secondary education being a public school, a grant-aided school or an independent school, and includes a nursery school and a special school"; and the expression "school" where used without qualification includes any such school or all such schools as the context may require.

6. While schools are not required to hold a salbutamol inhaler for use in emergency situations, they should be aware that there are many benefits of doing so. For example, it might help to reduce the time a child or young person misses class, and the level of response required when a child has an asthma attack in school. It might provide reassurance to children, young people, parents/carers and school staff to know that there is an salbutamol inhaler on site that may be used in an emergency situation. Importantly, it might help to save the life of a child and young person.

7. The information contained within this note is based on recognised principles of safe usage of inhalers and good practice[102][103].

General information in regard to the use of emergency salbutamol in schools in Scotland

Purchase of inhalers/asthma kits

8. Regulation 27 of the Human Medicines (Amendment) (No. 2) Regulations 2014 amends Schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools [104]. The Regulation which provides the power for schools to buy and hold salbutamol inhalers for use in emergencies, is clear that it is for individual head teachers and schools to purchase. Education authorities in Scotland may wish to consider whether they wish to have a local policy on whether the schools in their area are encouraged to hold salbutamol inhalers for use in emergencies and if they wish to secure a supplier from which individual schools can purchase them. Emergency salbutamol inhalers may only be purchased on receipt of an order (ideally on appropriately headed paper) signed by the head teacher of the school. They can be purchased from a pharmaceutical supplier such as a community pharmacy.

The signed order should state:

- the name of the school for which the product is required;
- the purpose for which the product is required;
- the total quantity required.

9. Salbutamol inhalers and spacers for use in emergencies in schools may be bought and/or kept as part of an asthma kit, which may include:

- one salbutamol metered dose inhaler;
- two plastic spacers compatible with the inhaler;
- instructions on using, cleaning, testing and storing the inhaler and spacer;
- manufacturer's information and a checklist of inhalers, identified by their batch
- number and expiry date, on which monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;

[102] British Guidelines on the management of Asthma
[103] Asthma | Guidance and guidelines | NICE
[104] Regulation 27 of The Human Medicines (Amendment) (No. 2) Regulations 2014 amends Regulation 17 of The Human Medicines Regulations 2012 to permit persons selling or supplying prescription only medicines comprising salbutamol inhalers, subject to the condition that the principal or head teacher of the school has to present a signed order stating the name of the school, the purpose for which the medicine is required and the total quantity, and provided the purpose is for the supply of the medicine to pupils in an emergency.

- a form to record when the inhaler has been used;
- a physical and up to date list of children permitted to use the emergency inhaler (see paragraph 14 for more information about asthma registers).

Schools may wish to discuss with a community pharmacist the different spacer devices available and what is most appropriate for the age-group in the school. Pharmacists can also provide advice on the use of the inhaler and spacer.

Who can use the emergency inhaler?

10. Emergency salbutamol inhalers must only be used by children and young people who are diagnosed with asthma and/ or for whom a reliever inhaler has been prescribed when their own inhaler isn't available. The emergency salbutamol inhaler must be retained by the school. It cannot be given to the child or young person to take home. If a child or young person requires a replacement inhaler it must be obtained by prescription. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Consent

11. Written consent from parents/carers of children diagnosed with asthma and/or for whom a reliever inhaler has been prescribed, and, where appropriate, from children and young people themselves, **must** be sought to ensure that there is agreement in place that the salbutamol inhaler may be administered or used in an emergency situation.

12. This may be handled via any form that obtains consent for a child's own inhaler to be administered at school, or as part of the development of an individual healthcare plan. Consent should be updated regularly, to ensure that any changes to a child or young person's condition can be managed. Therefore, consent may also be obtained at the start of an academic year or when seeking consent for flu or other vaccinations.

13. Arrangements in place for obtaining consent should take account of how the information about the children will be held and used.

Asthma register

14. Maintaining an up to date register or list of children and young people with asthma or a prescribed salbutamol inhaler will help ensure the easy identification of children who may require support with their condition and/or have consent in place to use the emergency salbutamol inhaler. This will be particularly important in larger schools or high schools where the individual health needs of children and young people are not known by school staff. While schools may wish to manage this information via a flagging system on the school management information system, a separate asthma register may also be held. A hard copy of the list or asthma register should be kept with the emergency salbutamol inhaler or asthma kit.

Children and young people who have not been diagnosed with asthma or prescribed a reliever inhaler

15. The salbutamol inhaler should not be used if there is no consent in place or the child or young person has not been diagnosed with asthma or prescribed a reliever inhaler. If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should either speak to the child or young person concerned or notify their parents/carers, so they may seek further medical advice. Any ongoing health or wellbeing concerns may be flagged up to the individual's named person and/or school health team.

16. Where any child or young person is experiencing breathing difficulties – staff should follow their own emergency protocols.

Risk management

17. Although salbutamol is a relatively safe medicine, as with all medicines, it can have some adverse effects. The adverse effects of salbutamol are generally mild and temporary and are not likely to cause serious harm. Children may feel a bit shaky or experience an increased heart rate. Side effects are very rare but may include dizziness or passing out, muscle pain or weakness or a very bad headache. Where side effects develop, the school health team should be notified immediately.

18. The arrangements in place for obtaining consent for an inhaler to be used in an emergency situation (see paragraph 11-13 of this annex) will help ensure that any risks are appropriately identified and managed. This may be managed, for example, via the questions in the consent forms or via the planning arrangements of an individual healthcare plan.

Storage of the emergency salbutamol inhalers/asthma kit

19. All salbutamol inhalers should be stored as per the manufacturer's guidelines. These usually indicate that inhalers are stored at room temperature and are kept away from direct sunlight and heat.

20. The emergency salbutamol inhalers/asthma kits should be stored in a safe and central location in the school. Larger schools may want to consider having these in more than one location for emergency use (i.e. in a school with split sites or in the physical education department). The location of the emergency salbutamol inhaler or asthma kit should be known to all staff in the school and accessible at all times. While the salbutamol inhaler or asthma kit should not be locked away, it shouldn't be accessible by children and young people.

21. An emergency salbutamol inhaler or asthma kit should be kept separately to Children's own inhalers (which children will normally carry with them) or any spare inhalers held for individual children and young people. As with all other inhalers, the emergency salbutamol inhaler or asthma kit should be clearly labelled.

Care of the emergency inhalers/asthma kits

22. As part of the arrangements in place at school level, there should be at least 2 allocated members of staff who are clear about their responsibility for the care of the emergency salbutamol inhaler or asthma kit. It is recommended:

- inhalers and spacers are used in line with the manufacturers' instructions;
- the emergency salbutamol inhaler or asthma kit is checked once a month to check whether the salbutamol inhaler and spacer is present and in working order;
- the salbutamol inhaler has a sufficient number of doses available, this could be done by keeping a form recording the number of doses administered;
- replacement salbutamol inhalers/spacers/mouthpieces and other kit items are ordered in good time and are available for use.

Disposal of the emergency inhaler/asthma kits

23. Manufacturers' guidelines will usually make recommendations about the disposal of inhalers, although this will normally be every 2 years. It is recommended that spent inhalers are taken to a pharmacy. To do this legally, schools should register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA). Registration is free and can be done online on the SEPA website[105].

Early learning and childcare settings

24. Some young children in early learning and childcare settings and the early stages of primary school may not be able to indicate when they need their inhaler or use the inhaler without assistance. Staff in such settings need to be able to identify when children will be required to use their inhaler and the procedures in place for the individual child should be captured in an individual learning plan.

Staff and training

25. All staff working in schools should have a general awareness of providing support to children and young people with asthma. All staff should be aware of:

- whether or not the school holds an inhaler for use in the event of an emergency.
- the signs and symptoms of an asthma attack;
- how to check if a child is diagnosed with asthma, is on the asthma register and holds their own inhaler, how to access information from a child's individual care plan or other written record about the management of their condition;
- where the child's own inhaler should be kept and how to access the emergency inhaler if there is one;
- who to contact for further help and advice;
- know who the contact(s) are for administering an inhaler.

[105] Professional Collectors and Transporters of Waste - SEPA

26. There should also be staff trained to support children and young people in managing their asthma, including how to respond in the event of an emergency. Those staff should undertake specific training to be able to:

- be able to recognise when emergency action is required;
- respond to a request for help from another member of staff;
- administer (or support an individual to administer) salbutamol inhalers;
- clean the mouthpiece of the inhaler after each use (spacers should not normally be reused to reduce the risk of cross infection and may be given to the child to take home);
- undertake specific training regularly;
- maintain the emergency inhaler or asthma kit;
- update records regarding the use of an inhaler and pass on this information onto parents and carers.

Information for parents or carers

27. At both education authority and school level, consideration will need to be given to the information available for parents or carers about the use of emergency inhalers in schools. As set out in paragraph 54 of the *Guidance on supporting children and young people with healthcare needs in schools*, education authorities must publish information about their arrangements in place for additional support for learning so schools may wish to include their policy in schools buying and holding salbutamol inhalers for use in emergencies. Schools may wish to include its arrangements in their school handbook or website.

Summary checklist for education authorities and NHS boards in putting in place a policy on the use of emergency salbutamol inhalers in schools

28. Education authorities and NHS Boards in Scotland may wish to consider whether they wish to have a local policy in place about the use of salbutamol inhalers in emergencies as part of the policy framework in place for supporting the healthcare If so, they may wish to include, for example:

- a clear statement about whether it encourages and supports schools to hold a salbutamol inhaler for use in emergencies;
- the arrangements in place for the purchase, storage, care, use and disposal of the emergency inhalers or asthma kit (subject to manufacturer's guidelines);
- the number of the emergency inhalers or asthma kits that a school might consider holding (depending on the size of the school and the number of sites the school is spread across);
- how and when written consent should be sought in regard to use of the emergency salbutamol inhaler;
- whether information on what to do in an emergency should be specified in a child or young person's individual healthcare plan or captured within another relevant document such as the form that obtain written consent;

- general information on how to recognise and respond to an asthma attack and what to do in the event of an emergency (see page 43);
- the training that staff in school should expect in regard to the use of any emergency salbutamol inhalers it holds;
- the arrangements in place in schools to maintain an up to date register or list of children and young people who have been diagnosed with asthma and/or prescribed an inhaler including how this reflects whether or not consent is in place for regarding the use of an emergency salbutamol inhaler;
- how schools should record the use of the emergency salbutamol inhaler;
- how schools inform parents/carers that their child has used an emergency inhaler;
- a point of contact in regard to any queries.

Summary checklist for schools in the use of emergency inhalers in schools

29. In line with Chapter 4 of the Guidance on supporting the healthcare needs of children and young people in schools, when a school chooses to hold an asthma inhaler in school, the school management team will need to refer to any policy arrangement agreed by the NHS board and education authority. They should consider whether it can deliver the procedures set out in this policy framework, and/or whether local adaptions are required that meet the local context of that school (or cluster of schools).

30. In putting in place arrangements about the use of emergency inhalers in schools, the school management team should work with the school health team to ensure:

- staff in school are aware that there is an inhaler held centrally for use in emergencies and the protocol for using the inhaler;
- that there are training arrangements in place for all staff in schools in recognising and responding to an emergency situation, and that staff training is up to date;
- there are arrangements in place for seeking consent from parents or carers, and where appropriate children and young people themselves, about the use of emergency salbutamol inhalers in schools, and how they will ensure that this information is kept up to date;
- someone is responsible for ensuring that the asthma register is up to date, for maintaining the salbutamol inhaler or asthma kits and for ensuring that an up to date asthma register is kept alongside the kits, and the disposal of the components of the asthma kit.

Guidance for school staff on how to respond if a child or young person is having an asthma attack - checklist

Signs of an asthma attack

The child's reliever inhaler (usually blue) isn't helping, and/or any of the following:

- they are coughing, wheezing or short of breath;

- they say their chest feels tight or if a younger child reports that they have stomach ache;
- they are unusually quiet;
- pale skin tone on face;
- they are unable to talk or complete sentences.

STEP 1: If a child is having an asthma attack the following steps should be taken:

- Send someone to get the child's own inhaler and spacer. If a child does not have their reliever inhaler in school, use the spare emergency inhaler if there is one available on the school premises (check that the child is confirmed as having asthma and is on the school's asthma register).
- Stay with the child.
- If possible do not move the child but allow space and privacy.

STEP 2: Stay calm and help them to take their inhaler

- Encourage the child to sit in an upright position.
- Stay calm and reassure the child.
- Prime the inhaler (2 puffs into the air).
- Help the child to take two doses (2 puffs) of their inhaler, one dose at a time separated by at least 30-60 seconds, shaking inhaler between doses. It is recommended the child hold their breath for around 10 seconds, if possible, after inhaling the medicine. A spacer may be used to help ensure that the medicine reaches the lungs.
- If no better repeat a dose every 30-60 seconds up to 10 doses.

STEP 3: Call 999 for an ambulance if:

- Their symptoms are getting worse or they are becoming exhausted.
- They don't feel better after 10 doses.
- If you are worried at any time, even if they haven't yet taken 10 puffs.

When calling ambulance give clear details and confirm the entrance to the school if there is more than one entrance. Record all information including the time inhalers were given.

If the ambulance takes longer than 15 minutes, repeat STEP 2 and call emergency services again.

Useful information about the management of asthma

Asthma UK Website
https://www.asthma.org.uk/advice/asthma-attacks/

My Lungs, My Life
http://mylungsmylife.org/

ANNEX B: OTHER CONDITION SPECIFIC INFORMATION

The use of Adrenaline Auto-injectors in schools

Introduction

1. This section provides guidance to education authorities, NHS Boards and schools in Scotland on the use to adrenaline auto-injectors (AAIs). As with the guidance on emergency salbutamol inhalers at Annex A, this guidance is non-statutory. This guidance on AAI's has been included following the Human Medicines (Amendment) Regulations 2017[106] came into effect on 1 October 2017.

Department of Health Guidance on the use of adrenaline auto-injectors in schools

2. The Department of Health published its guidance on the use of adrenaline auto-injectors in schools on 15 September 2017. The full guidance document is now live on the gov.uk website, and is available through the following link: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools.

Background

3. From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow schools to obtain, without a prescription, adrenaline auto-injector (AAI) devices, if they wish, for use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an AAI to be administered. The AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

4. This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold spare AAI(s) – this is a discretionary change enabling schools to do this if they wish. Only those institutions described in regulation 22 of the Human Medicines (No. 2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may legally hold spare AAIs. Regulation 8 of the Human Medicines (Amendment) Regulations 2017 amends schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools.

5. This guidance is not a substitute for current guidance by the Medicines and Healthcare Products Regulatory Agency[107], which states that anyone prescribed with an AAI should carry two of the devices at all times. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered without delay. Circumstances under which the school's AAI is used may include, where the pupil's own AAI is broken; is out-of-date; has misfired; or been wrongly administered.

6. As per Annex A, regarding emergency salbutamol inhalers, schools are also not required to hold spare AAIs for use in emergency situations although there are many

[106] The Human Medicines (Amendment) Regulations 2017
[107] Adrenaline auto-injector advice for patients - GOV.UK

benefits for doing so. Allergic reactions can take effect very quickly, particularly in the case of allergic reactions to insect stings, and the presence of an AAI could potentially save the life of the child or young person.

Signs of an allergic reaction

7. Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline can result in fatal outcomes. Schools should ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. Schools should ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed. In larger schools, it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed.

8. The following symptoms are signs of a mild to moderate allergic reaction:

- Swollen lips, face or eyes.
- Itchy or tingling mouth.
- Hives or itchy skin rash.
- Abdominal pain or vomiting.
- Sudden changes in behaviour.

9. The following symptoms are signs of anaphylaxis (a life-threatening allergic reaction):

- Persistent cough.
- Hoarse voice.
- Difficulty swallowing and/or a swollen tongue.
- Difficult or noisy breathing.
- Persistent dizziness.
- Becoming pale or floppy.
- Suddenly sleepy, or they become unconscious.

Action: under the circumstances above, use the adrenaline auto-injector immediately and call 999 for an ambulance.

Stay with the child until the ambulance arrives then phone the parent or emergency contact. If there is no further improvement after 5 minutes, another dose of adrenaline should be given using another device if it is available.

When calling for an ambulance, give clear details including the entrance to the school where there is more than one entrance. Record the time that adrenaline injections were given.

General Information

10. Only those institutions listed in regulation 22 of the Human Medicines (No. 2) Regulations 2014[108] (which amends regulation 213 of the 2012 human medicines regulations)[109] may legally hold spare AAIs. Also, regulation 8 of the Human Medicines (Amendment) Regulations 2017[110] amends schedule 17 of the Human Medicines Regulations 2012[111] and sets out the principles of supply to schools.

11. **Adrenaline auto-injectors must only be used by children and young people who are known to be at risk of anaphylaxis and when their own AAI device is not immediately available**. Emergency AAI devices must be held by the school and cannot be given to a child or young person to take home. AAI's can be used through clothes and injected into the upper outer thigh in line with the instructions provided by the manufacturer.

Keeping a register

12. It will be beneficial for schools to maintain an up-to-date register of children and young people who have been prescribed with an adrenaline auto-injector to help identify whether they may need support with their condition and/or to ensure whether they have consent in place to use the emergency AAI device. Such a register will be particularly beneficial in larger schools and high schools where individual healthcare needs are less likely to be known by school staff. As outlined in the guidance on emergency salbutamol inhalers for asthma, at Annex A, this can be done through a flagging system on the school management information system, although schools could also consider keeping a separate register. Where a school chooses to keep a separate register, this should be stored beside the emergency AAI kit.

Provision of Emergency Adrenaline Auto-Injectors

13. Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis and the school does not intend to profit from it. A supplier will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required;
- the total quantity required.

14. A number of different brands of AAI are available in different doses depending on the manufacturer. It is up to the school to decide which brand(s) to purchase. Some have a longer expiry date (two years as opposed to one) and they may wish to take this into consideration. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training, since the

[108] The Human Medicines (Amendment) (No. 2) Regulations 2014
[109] The Human Medicines Regulations 2012
[110] http://www.legislation.gov.uk/uksi/2017/715/regulation/8/madeThe Human Medicines (Amendment) Regulations 2017
[111] The Human Medicines Regulations 2012

various brands of adrenaline auto-injector, namely Epipen[112], Emerade[113] and Jext[114], are used in different ways. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school.

15. AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device)
- For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

16. In the context of supplying schools rather than individual pupils with AAIs for use in an emergency setting, using these same age-based criteria avoids the need for multiple devices/doses, thus reducing the potential for confusion in an emergency. Schools should consider the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI. Schools may wish to seek appropriate medical advice when deciding which AAI device(s) are most appropriate.

Storing adrenaline auto-injectors

17. A school's allergy/anaphylaxis policy should include staff responsibilities for maintaining the spare anaphylaxis kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis, that the AAIs are present and in date;
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

18. All AAIs should be stored in line with the manufacturer's guidelines. As a general guide, they should ideally be stored in a cool and dark place at room temperature, of between 15 and 25 Celsius. Storing them at lower temperatures than this risks damaging the auto-injector mechanism. Similarly, they should be kept away from direct sunlight and sources of heat. Since this is similar to the storage instructions for the emergency salbutamol inhalers for asthma, schools may wish to keep AAIs nearby to them.

[112] Epipen
[113] Auto injector for anaphylaxis | Emerade
[114] Anaphylaxis | ALK Lifeline (Jext) | Jext adrenaline auto-injector

19. Emergency AAIs should be kept in a safe and central location within the school, particularly so in larger schools where it may be considered holding them in more than one location for emergency use (for example, if the school has more than one site). The location of the emergency kit should be known by all staff and be readily accessible at all times. Whilst this kit should not be stored in a location directly accessible by children or young people, it should not be locked away in the event urgent access is required. This emergency equipment should also be stored separately to children or young people's own prescribed injectors and it should also be clearly labelled.

20. Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil. Schools may wish to keep the emergency kit together with an "emergency asthma inhaler kit" (containing a salbutamol inhaler device and spacer).9 Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

21. Schools should appoint members of staff (ideally at least two) who are responsible for the care of the emergency AAI kit. It is recommended:

- to hold 1 or more AAI and have manufacturers' instructions on how to use the device placed alongside it;
- replacement devices are ordered in good time and are available for use;
- information is available on how to order replacement devices;
- a note is kept in respect of the expiry date of the device.

22. Schools may wish to require parents to take their pupil's own prescribed AAIs home before school holidays (including half-term breaks) to ensure that their own AAIs remain in date and have not expired.

Using adrenaline auto-injectors

23. Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

24. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. AAIs can be used through clothes and should be **injected into the upper outer thigh** in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

25. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Disposal of adrenaline auto-injectors

26. An adrenaline auto-injector can only be used once and it cannot be re-used. It must be disposed of in accordance with the manufacturer's guidelines, which should be kept alongside the device. As set out in the guidance on disposing of emergency salbutamol inhalers, schools should register as a professional carrier and transporter of waste with the Scottish Environmental Protection Agency, which can be done through their website.

Side-effects

27. As with all medicines, adrenaline auto-injectors may have side-effects. These can include an increased or irregular heartbeat; shakiness or dizziness; and headaches or nausea. These side-effects should go away with a period of rest however, if they persist, the school health team should be notified.

28. Before using the adrenaline auto-injector, the school health team should be informed if a child or young person has other medical conditions including asthma or diabetes.

Local policy: Education authorities and NHS Boards

29. Education authorities and local NHS Boards may wish to consider whether to implement their own local policy in relation to the use of emergency adrenaline auto-injectors in schools. These policies may include:

- a statement as to whether it actively encourages the keeping of spare adrenaline auto-injectors for emergency use in schools;
- what the arrangements are for purchase, storage, care of, use and disposal of the devices are;
- the number of spare AAI devices that a school should hold, this may vary depending on school size and the number of sites it has;
- processes for seeking written consent for using the emergency AAI device;
- how schools should record the use of emergency AAI devices;
- arrangements on how schools maintain an up to date register of children and young people who suffer from allergic reactions and have been prescribed with their own AAI device – and for whom consent has been granted for use of the emergency AAI device;
- process for informing parents or other emergency contact in the event the emergency AAI has been required;
- training that staff should expect in regard to using emergency AAI devices

Staff and training

30. Any member of staff may volunteer to take on the responsibilities for administering adrenaline to children or young people, but they cannot be *required* to do so. These staff may already have wider responsibilities for administering other medication and/or supporting pupils with medical conditions. Schools should ensure there are a reasonable number of designated members of staff to provide sufficient coverage, including when staff are on leave. In many schools, it would be

appropriate for there to be multiple designated members of staff who can administer an AAI to avoid any delay in treatment.

31. Anaphylaxis can be a time-critical situation, therefore staff should be aware of the following:

- be trained to recognise the range of signs and symptoms of an allergic reaction;
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms;
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective);
- be aware of the anaphylaxis policy;
- be aware of how to check if a pupil is on the register; and
- be aware of how to access the AAI; and
- how to administer the AAI in line with the manufacturer's instructions.

32. Schools must arrange specialist anaphylaxis training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis. The specialist training should include practical instruction in how to use the different AAI devices available. Online resources and introductory e-learning modules can be found at http://www.sparepensinschools.uk, although this is NOT a substitute for face-to-face training.

33. As part of the medical conditions policy, the school should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an AAI, as well as for collecting the spare AAI in the emergency kit. These should be proportionate, and flexible – and can include phone calls being made to another member of staff or responsible secondary school-aged children asking for the assistance of another member of staff and/or collecting the AAI (but not checking the register), and procedures for supporting a designated staff member's class while they are helping to administer an AAI.

34. The school's policy should include a procedure for allowing a quick check of the register as part of initiating the emergency response. This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member. If the register is relatively succinct, it could be held in every classroom. Alternatively, allowing pupils to keep their AAI(s) with them will reduce delays, and allows for confirmation of consent without the need to check the register.

School trips and sporting activities

35. Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an

emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Diabetes

1. Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. There are two main types of diabetes, Type 1 is where the pancreas does not produce any insulin, whilst Type 2 is where the pancreas doesn't produce enough insulin or the body's cells don't react to insulin.

Symptoms

2. The symptoms of both type 1 and type 2 diabetes include feeling very thirsty; feeling very tired; weight and muscle bulk loss; and more frequent passing of urine (particularly at night). In the case of type 2, blurred vision is also possible as a result of the eye lens drying.

Treatment

3. Type 1 diabetes is treated through insulin injections which are administered through an 'insulin pen', most people with type 1 diabetes require two to four injections per day. When diagnosed at first, the diabetes healthcare team assist with insulin injections before showing the patient how and when to do it themselves.

4. Treatment for Type 2 diabetes is different since it is possible to make lifestyle changes after diagnosis, at least initially, which involve changing to a healthier diet and increasing the frequency of physical activity. It is likely these changes will not be enough over the longer term and medication will be required, initially in the form of tablets although if glucose lowering tablets are ineffective insulin injections will become necessary in the same manner as for treating Type 1 diabetes.

5. Where staff administer mediation to manage diabetes, they must be appropriately trained. This training may be delivered by specialist nurses or independent or third sector organisations. Information on Diabetes in Schools is available on Diabetes UK's website through the following link: https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools.

Children and young people with epilepsy prescribed with emergency rescue Medicine

1. All children and young people with epilepsy who have been prescribed emergency rescue medication should have a written protocol for administration of this medication, signed by the prescriber. In most cases an emergency medication plan issued from the child's hospital team or GP can be added to an individual healthcare plan, rather than producing a further document.

2. Staff administering epilepsy rescue medication must be appropriately trained and should have epilepsy training refreshed at least every two years. Training may be

delivered by epilepsy specialist nurses, local authorities, independent contractors and third sector organisations, however all training should be in line with nationally agreed epilepsy training standards. For more information about national training standards for epilepsy, contact Epilepsy Scotland (refer to **Annex D** for contact information).

3. Free resources for schools including teachers' guides, first aid, template seizure care plans and forms for recording administration of epilepsy medications are also available via third sector organisations and epilepsy specialist nurses.

Insurance and indemnification

1. The Education Authority must make sure that their insurance/indemnification arrangements provide full cover for school staff who volunteer to administer medication within the scope of their employment. To reflect this requirement Education Authorities must satisfy themselves as to the legality and safety of arrangements that they agree with NHS Boards or NHS Trusts for the administration of medicines. This also includes an Education Authority requirement to satisfy themselves that the appropriate indemnification procedures are in place for staff who volunteer to administer medication.

2. If staff follow the school's documented procedures, they will normally be fully covered by their Education Authorities public liability insurance should a parent make a complaint. The head teacher should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support. The head teacher should let his staff know about the provision for indemnity against legal liability made for all staff who volunteer to administer medication and that the necessary training will be arranged.

ANNEX C: OTHER RELEVANT LEGISLATION AND POLICY TO SUPPORT THE HEALTHCARE NEEDS OF CHILDREN AND YOUNG PEOPLE AT SCHOOLS

The Equality Act 2010

Reasonable adjustments

1. Under the Equality Act 2010 (the 2010 Act), responsible bodies have a duty to make reasonable adjustments in schools for disabled children and young people. For example if a policy on school trips has the effect of denying disabled people and young children who need assistance with medication from participating, this might amount to discrimination arising from disability. Since September 2012 the definition of "reasonable adjustments" has included a duty to provide auxiliary aids and services. The duty may require steps to be taken in relation to the administration of medication or to meet other healthcare needs.

2. The 2010 Act requires responsible bodies to take such steps as it is reasonable to have to take to avoid the substantial disadvantage to a disabled child or young person caused by a provision, criterion or practice applied by or on behalf of a school or by the absence of an auxiliary aid or service[115]. Substantial is defined as being anything more than minor or trivial[116]. The duty to make reasonable adjustments is an anticipatory one. Therefore, services should work together to consider, in advance, what adjustments might need to be made for those children and young people with healthcare needs in schools who are considered to have a disability and make those adjustments in advance. These responsibilities extend to prospective pupils at the school.

3. The 2010 Act does not say what is "reasonable". This allows for flexibility for different sets of circumstances so that, for example, what is reasonable in one set of circumstances may not be reasonable in another. The purpose of the duty to make reasonable adjustments is to enable disabled pupils (and prospective pupils) to have access to an education as close as is reasonably possible to the education offered generally to pupils.

4. The Technical Guidance[117] on the Public Sector Equality Duty: Scotland sets out the factors that are likely to be taken into account when considering what adjustments it is reasonable for a school to have to make.

5. The reasonable adjustment duty is owed to disabled children and young people. A child or young person will have a disability if he or she has a physical or mental impairment that has a long-term and substantial adverse effect on his or her ability to carry out normal day-to-day activities. Physical or mental impairment includes sensory impairments such as those affecting sight or hearing. Reasonable adjustments means there is a duty for education authorities to provide auxiliary aids or services for pupils with disabilities. Examples include, but are not limited to, electronic or manual note-taking services, audio-visual fire alarms or specialist

[115] Section 20 of the Equality Act 2010
[116] Reasonable adjustments for disabled pupils Scotland, EHRC 2014
[117] Technical guidance on the Public Sector Equality Duty: Scotland | Equality and Human Rights Commission

computer software. Information is provided in the Equality and Human Rights Commission's Technical Guidance for Schools in Scotland[118].

6. Some disabled pupils will also have been identified as having additional support needs and may already be receiving additional support in school or may have a coordinated support plan. The fact that a disabled child or young person is receiving additional support does not take away from a school's duty to make reasonable adjustments for that child or young person.

Public Sector Equality Duty

7. The Equality Act 2010[119] also includes a public sector equality duty that requires public authorities including NHS boards, education authorities and grant-aided schools[120], in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups;
- foster good relations between different groups

8. The broad aim of the general equality duty is for authorities to integrate consideration to the advancement of equality into their day-to-day work. To enable the better performance of the general equality duty, some public authorities, such as NHS boards, education authorities and grant-aided schools are also covered by specific duties[121]. These specific duties include a duty to assess the impact of new or revised policies or practices (and make arrangements to review existing policies or practices). Reviewing all practices and policies which are relevant to the healthcare needs of children and young people will help a school or education authority or NHS board to ensure that it does not discriminate, as well as help it to comply with the public sector equality duty[122][123].

Patient Group Directions

9. Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. These are now commonly used for school vaccination, outbreaks e.g. supply of antivirals in influenza outbreaks (2009 swine flu), antibiotics for meningitis contacts etc. The relevant provisions are contained in Regulations 229-232 of the Human Medicines Regulations 2012[124]. For further information visit the Medicines & Healthcare products Regulatory Agency (MHRA) website[125].

---

[118] Technical Guidance for schools in Scotland, EHRC 2014
[119] Section 149 of the Equality Act 2010
[120] Public Authorities in Scotland - Who is covered by the Specific Duties? | Equality and Human Rights Commission
[121] The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
[122] Technical guidance on the Public Sector Equality Duty: Scotland | Equality and Human Rights Commission
[123] Guidance for Scottish public authorities | Equality and Human Rights Commission
[124] The Human Medicines Regulations 2012
[125] Patient group directions (PGDs) - GOV.UK

Independent Prescribers

10. There have been a number of changes to the Misuse of Drugs Regulations 2001 and Human Medicines Regulations 2012 to allow a variety of medical practitioners to become independent prescribers in addition to the traditional doctors and dentists who could prescribe prescription only medicines. Links to relevant information and legislation can be found at MHRA website[126].

Administration of injectable medicines for the purpose of saving life in an Emergency

11. Regulation 238 of the Human Medicines Regulations 2012 allows for certain prescription only medicines to be administered by anyone for the purpose of saving life in an emergency. For more information see Regulation 238 and Schedule 19 of the Human Medicines Regulations 2012[127].

Controlled Drugs

12. In recent years there has been a significant number of children and young people receiving schedule 2 controlled drugs to treat ADHD e.g. methylphenidate (Ritalin; Concerta, Equasym, Medikinet) and there is a need for storage and administration of these while at school. The management and use of controlled drugs is currently reserved under the Scotland Act 1998 and is a matter for the Home Office who have UK-wide legislation in place to govern the therapeutic use of CDs. Most recently, the Controlled Drugs (Supervision of Management and Use) Regulations 2013[128] came into force in 2013.

Health and Safety at Work

13. The Health and Safety at Work etc. Act 1974[129] and Management of Health and Safety at Work Regulations 1999[130] both deal with health and safety for employees and non-employees present in workplaces, including schools.

Education (Schools and Placing Information) (Scotland) Regulations 2012

14. Under the Education (Schools and Placing Information) (Scotland) Regulations[131], schools must publish information about their arrangements for additional support for learning in a school handbook.

The Waste Management Licensing (Scotland) Regulations 2011

15. Paragraph 12 of Schedule 4 of the Waste Management Licensing (Scotland) Regulations 2011[132] requires schools to register as a professional carrier and transporter of waste with the Scottish Environment Protection Agency (SEPA).

---

126 Medicines and Healthcare products Regulatory Agency - GOV.UK
127 The Human Medicines Regulations 2012
128 The Controlled Drugs (Supervision of Management and Use) Regulations 2013
129 Health and Safety at Work etc. Act 1974
130 The Management of Health and Safety at Work Regulations 1999
131 The Education (School and Placing Information) (Scotland) Regulations 2012
132 The Waste Management Licensing (Scotland) Regulations 2011

ANNEX D: OTHER USEFUL GUIDANCE DOCUMENTS AND USEFUL ORGANISATIONS

Other useful guidance

Equality Advisory and Support Service (helpline: 0808 800 0082) - http://www.equalityadvisoryservice.com/

Invasive procedures toolkit, PAMIS, 2016 - http://pamis.org.uk/services/invasive-procedures/.

Infection prevention and control in childcare settings, NHS National Health Services Scotland, 2015 - http://www.documents.hps.scot.nhs.uk/hai/infectioncontrol/guidelines/infection-prevention-control-childcare-2015-v2.pdf.

Management of medication in day-care of children and child-minding services, Care Inspectorate, 2014 - http://www.hub.careinspectorate.com/media/189567/childrensservice-medication-guidance.pdf.

Making Connections: Supporting Children and Young People with Type 1 Diabetes in Education - http://www.diabetesinscotland.org.uk/Publications/Paediatric/Supporting%20Children%20and%20Young%20People%20with%20Type1%20Diabetes%20in%20Education_onscreen.pdf

Establishing the Responsible Commissioner: Guidance and Directions for Health Boards, Scottish Government, 2013 – http://www.sehd.scot.nhs.uk/mels/CEL2013_06.pdf.

Enquire Factsheet - No. 4: Resolving Disagreements - http://enquire.org.uk/information/factsheets/resolving-disagreements

Fetal Alcohol Spectrum Disorder Awareness Toolkit, Scottish Government Child and Maternal Health Division, Scottish Government, 2013 – http://www.gov.scot/Publications/2013/10/3881.

Prescription for Excellence A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation. Scottish Government 2013 - http://www.gov.scot/resource/0043/00434053.pdf.

A common sense approach to moving and handling disabled children and young People, Scottish Government, 2012 – http://www.gov.scot/Resource/0040/00402969.pdf.

School Handbook Guidance, Information for local authorities and schools following the Education (School and Placing Information) (Scotland) Regulations 2012, Scottish Government , 2012 - http://www.gov.scot/Resource/0040/00401568.pdf.

Partnership working between education and allied health professionals guidance, Scottish Government, 2010, http://www.gov.scot/Resource/Doc/313416/0099357.pdf.

The handling of medicines in social care settings, Royal Pharmaceutical Society of Great Britain - https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-insocial-care.pdf.

List of most commonly encountered drugs currently controlled under the misuse of drugs legislation - https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation

Useful organisations

Action for Hearing Loss

Action on Hearing Loss Scotland can provide tailored deaf awareness training to both staff and students to ensure that deaf and hard of hearing children are fully included in the school environment and to ensure that everyone works together to improve outcomes for the deaf or hard of hearing child or young person. For more information visit www.actiononhearingloss.org.uk/scotland.

Action for Sick Children Scotland

Action for Sick Children Scotland informs, promotes and campaigns on behalf of the needs of all sick children and young people within the healthcare system. For more information visit http://www.ascscotland.org.uk/.

Additional Support Needs Tribunals for Scotland

The Additional Support Needs Tribunals for Scotland consider appeals (references) made by parents or carers and young people against decisions of Education Authorities regarding the provision of educational support including claims of disability discrimination in relation to schools. For more information dial 0845 120 2906 or visit www.asntscotland.gov.uk.

ALISS (A Local Information System for Scotland)

ALISS is a search and collaboration tool for Health and Wellbeing resources in Scotland. It helps signpost people to useful community support. For more information visit https://www.aliss.org/.

Allergy UK

Allergy UK is a national charity for people living with all types of allergies, working with government, healthcare professionals and other professional bodies. For more information visit https://www.allergyuk.org/.

Asthma UK

Asthma UK is dedicated to improving the health and wellbeing of people affected by asthma. The charity provides a wide range of information and resources on their website, including downloadable asthma action plans. Printed information booklets and other resources are available on request, and bulk copies are available for purchase by healthcare professionals. For more information visit Asthma UK's website at www.asthma.org.uk. General enquiries can be sent via email to info@asthma.org.uk. Asthma UK also has a telephone helpline number - 0300 222 5800 (9am - 5pm, Mon-Fri).

British Heart Foundation Scotland

The British Heart Foundation and British Heart Foundation Scotland provides a number of services to both professionals working with children affected by Congenital Heart Disease and other heart conditions and their families. For more information visit www.bhf.org.uk/get-involved/in-your-area/scotland.

British Lung Foundation Scotland

The British Lung Foundation and British Lung Foundation Scotland empower people affected by lung disease through support, services and information, and campaign for healthy lungs and clear air. For more information visit https://www.blf.org.uk/ or contact the helpline number 03000 030 555 (9am-5pm, Mon-Fri).

The Butterfly Trust

The Butterfly Trust works to support and empower people with Cystic Fibrosis. For more information visit their website at www.butterflytrust.org.uk.

Care Inspectorate

The Care Inspectorate regulates and inspects care services in Scotland to make sure that they meet the right standards. For more information visit www.careinspectorate.com.

Chest, Heart and Stroke Scotland

Chest, Heart and Stroke Scotland seeks to improve the quality of life for people in Scotland affected by chest, heart and stroke illness in Scotland and provides advice, information and support in the community. For more information visit www.chss.org.uk.

Childsmile

Childsmile is reducing inequalities in oral health and ensuring access to dental services for every child across Scotland. For more information visit http://www.child-smile.org.uk/.

Children and Young People's Commissioner Scotland

The role of the Children and Young People's Commissioner is to help children and young people to understand their rights and to make sure those rights are respected. For more information please visit their website at https://www.cypcs.org.uk/about.

Children's Health Scotland

Children's Health Scotland is dedicated to informing, promoting and campaigning on behalf of the needs of all sick children and young people within the healthcare system. For more information visit https://www.childrenshealthscotland.org/.

Clic Sargent

Clic Sargent provides advice and support to children and young people affected by cancer, their families and the professionals who work with them. For more information visit http://www.clicsargent.org.uk/content/help-and-support.

Contact a Family Scotland

Contact a Family is a national charity that provides information, advice and support for families with disabled children. For more information visit their website at http://www.cafamily.org.uk/scotland.

Contact a Family has an online A-Z directory of medical conditions. It contains an overview of a number of common and rare conditions, and signposts further information where it exists. The directory can be accessed at http://www.cafamily.org.uk/medical-information/conditions/.

The Cystic Fibrosis Trust

The Cystic Fibrosis Trust helps to make a difference to the lives of people with the condition and those who care for them. For more information visit www.cysticfibrosis.org.uk.

Diabetes Scotland

Diabetes Scotland works to raise awareness, improve care and provide support and information for people with diabetes and their families. For more information visit www.diabetes.org.uk/In_Your_Area/Scotland/.

Education Scotland

Education Scotland works collaboratively and in partnership with other public bodies and local authorities to promote, support and build the capacity of education providers and practitioners to improve their own performance. For more information, visit https://education.gov.scot/.

Epilepsy Scotland

Epilepsy Scotland aims to improve access to services, enabling them to lead full and active lives. It also provides useful resources for staff in schools and the school health team. For more information call 0141 427 4911 or visit http://www.epilepsyscotland.org.uk/. There are also a range of resources for schools on Young Epilepsy's website at http://www.youngepilepsy.org.uk/.

Enquire

Enquire provides advice and support to families of children and young people who require some additional support to make the most of their learning. For more information call the Enquire helpline on 03451232303 or email info@enquire.org.uk.

Visit the website www.enquire.org.uk for access to a wide range of publications and online resources and more information.

Govan Law Centre, Education Law Unit

Govan Law Centre, Education Law Unit operates a second tier advice service to partner agencies, advocacy agencies, local authorities, NHS boards, Social Services and other solicitors in relation to education matters. A referral can be made by any of these agencies to the Education Law Unit for parents and carers to get legal assistance when their child's educational needs are not being met.

The Education Law Unit also operates a national advocacy service in partnership with Kindred called Let's Talk ASN. Parents can contact the Education Law Centre directly on 0141 445 1955 if they have the right of appeal to the Additional Support Needs Tribunal in respect of a placing request to a special school or a mainstream school where the child has a co-ordinated support plan; in relation to matters arising relating to Co-ordinated Support Plans and transition from child to adult services. For further information visit www.edlaw.org.uk.

Health and Safety Executive

The Health and Safety Executive (HSE) is the regulatory body for health and safety in Great Britain. HSE provides information to school leaders about health and safety in schools on their website at http://www.hse.gov.uk/services/education/index.htm.

Health Protection Scotland

Health Protection Scotland (HPS) was established by the Scottish Government in 2005 to strengthen and co-ordinate health protection in Scotland. The HPS website contains useful information and resources about healthcare associated infection and infection control. For more information visit http://www.hps.scot.nhs.uk/haiic/#.

Meningitis Research Foundation

The Meningitis Research Foundation provides support to those affected by meningitis and septicaemia and resources to help raise awareness of meningitis and septicaemia. For more information visit http://www.meningitis.org/about-us.

The Mental Health Foundation

The Mental Health Foundation website has a number of resources on supporting vulnerable young people. For more information visit http://www.mentalhealth.org.uk.

The Mental Welfare Commission for Scotland

The Commission aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions. For more information visit http://www.mwcscot.org.uk.

Respectme

Respectme is Scotland's anti-bullying service. Information and advice on all aspects of bullying for practitioners, parents, children and young people is available at www.respectme.org.uk. This website also includes details of Respectme's free training programme, advice on policy development and campaigning work.

Scottish Child Law Centre

The Child Law Centre helps children and young people, their families and carers, and professionals working for and with children by providing free expert legal advice and information. For further information visit http://www.sclc.org.uk/.

Scottish Council for Independent Schools (SCIS)

SCIS is a membership organisation which represents and promotes independent schools in Scotland. For more information visit the SCIS website at www.scis.org.uk.

Scottish Information Commissioner

The Scottish Information Commissioner promotes and enforces both the public's right to ask for the information held by Scottish public authorities, and good practice by authorities. For more information telephone 01334 464610 or visit their website at www.itspublicknowledge.info/home/ScottishInformationCommissioner.aspx.

Scottish Paediatric Epilepsy Network

The Scottish Paediatric Epilepsy Network (SPEN) is a national managed clinical network and brings together people involved in paediatric epilepsy from all over Scotland to agree the way forward for epilepsy services. For more information visit http://www.spen.scot.nhs.uk.

Scottish Public Services Ombudsman

The Scottish Public Services Ombudsman handles complaints from people who have suffered injustice or hardship as a result of maladministration or service failure. For more information visit www.spso.org.uk.

See Me

See Me is Scotland's programme to tackle mental health stigma and discriminations, enabling people who have experienced mental health problems to experience fulfilled lives. See Me is managed by the Scottish Association for Mental Health. For more information visit https://www.seemescotland.org/ and https://www.samh.org.uk/

UNISON

UNISON is a trade union, representing full-time and part-time staff who provide public services. Visit www.unison-scotland.org.uk for more information.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78851-532-0 (web only)

Published by The Scottish Government, December 2017

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS344946 (12/17)